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	C. THIRD			D. FOURTH	
(specify)		7	(specify)		
III. OPERATOR INFORMATION		[15] 16 -	10		silver si
	Α.	NAME			B. Is the name listed i
PHELPS DOD	OGE COPPER	PRODUC	TS COMP	ANY	owner?
C. STATUS OF OPERATO	R (Enter the appropriate letter in	to the answer box: if "C	other", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUB	LIC (other than federal or state) IER (specify)	A CONTRACTOR OF THE PROPERTY AND A SECOND CONTRACTOR OF THE SECOND CONT	(.e. 9° 0	A 212 9	4 0 6 4 0 0
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F	. CITY OR TOWN	G.S	TATE H. ZIP CODE	IX. INDIAN LAND	
L PASO		h h	EX 17 9 9 9 8.	Is the facility located	MO Indian lands?
A CHILD OF BUILDING STATE		40 41	42 47 - 31	52	
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A. NPDES (Discharges to Sur		Air Emissions from Propo	osed Sources)	All the state of t	ary and a second
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E. UIC (Underground Injection	n of Fluids)	E. OTHER (specify)	there are now a condition of	en (fall met) (fall miss je fil sider) Grant de Gallander (fall de Gallander)	ANTO SECURITION OF THE
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C. RCRA (Hazardous W	astes)	E. OTHER (specify)	TTTT (speci	fy)	
RI MAP	30 15 16 17 18		30		
Attach to this application a to the outline of the facility, the treatment, storage, or disposa water bodies in the map area.	e location of each of its exist al facilities, and each well w See instructions for precise r	sting and proposed in there it injects fluids	take and discharge s	tructures, each of it	ts hazardous waste
:::. NATURE OF BUSINESS (prov	vide a brief description		3. 传统 · 编一系		
	Copper Rod Rolli	ing, High Pur	rity Copper	Casting,	
	Wire Drawing.				
					. 4
				F 9.	H/51
Att. CERTIFICATION (see Instruc	ctions	NOT NOT THE RESERVE			a sign of the second
ו certify under penalty of law ב tachments and that, based מים lication, I believe that the false information, including the	ov that I have personally exam on my inquiry of those pe e information is true, accura	ersons immediately nate and complete. I a	esponsible for obtain	ning the information	n contained in the
HAME & OFFICIAL TITLE (TYP		B. SIGNATURE	1-1	7 (170.00	ATE SIGNED
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revised as EPA I.D.	pplica Numl	n the appropriate box tion. If this is your fi ber in Item I above.	rst application and y	ou already l	know your fa	cility'	hether EPA	this I.D.	is the first ap Number, or i	pplication you a f this is a revised	re submittin I application	g for y , enter	your your	facility	or a y's
			See instructions for a Complete item below	lefinition of ;.)	"existing" f	acility.		_	a :	77 ·	PF	ROVIE	WFA	CILIT	TIES, TE
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_		APPLICATION ()		nd complet	e Item I abou	e)				2. FACILIT	Y HAS A RO	RAP	ERMI	т	
72		SES – CODES AN		CITIES						72	LIK YXX				
enter descr	ing co ibe the CESS I	CODE — Enter the codes. If more lines are process (including in DESIGN CAPACITY	needed, enter the co s design capacity) in — For each code ent	de(s) in the the space p	space provided on the	led. If ne form	a prod (Item	ess v	will be used the Col.	pe used at the fa hat is not includ	cility. Ten I ed in the list	ines ar of cod	e prov des be	rided f	for hen
2. U	NIT O	NT — Enter the amou F MEASURE — For used. Only the unit	each amount entered	in column listed belov	B(1), enter ti v should be u	ne cod sed.	e from	the	list of unit m						
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			UNIT OF MEASURE) 2011 - 1425 C		IT OF ASURE					UNIT 1EASI	
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other car	n hold	400 gallons. The fac	ility also has an incir	erator that	can burn up	to 20	gallons	per	hour.			_	_		, ,
C		DUP	13 14 15	///		7	//	/		////		7	$\langle \cdot \rangle$		7
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E E CC	DDE m list ove)	(spe	OUNT cify)	SURE (enter code)	OFFICIAL USE ONLY	AB AB	(from above	E list		1. AMOUNT		OF M SUF (ent cod	EA- RE er e)	ON	
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116			27		29 - 32						21				- 02

PROCESSES (continued	d) >		The second secon	Law object water	
PACE FOR ADDITIONAL NCLUDE DESIGN CAPACI	ITY.	R DESCRIBING OTHER	PROCESSES (code 10	4). FOR EACH PROCE	:55 ENTERED HERE
g s				**	3. 3.
		•			
			2.		

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	к
TONS	.	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT				- D	. PROCESSES
	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1	I. PROCES			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	A 0 3 4	900	p	T 0 3	D 8 0	1 1	1,7	780 1 74 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
X-2	D 0 0 2	+00	P	T = 0.3	$\frac{1}{D} \frac{1}{8} \frac{1}{\theta}$	11	1.1	of the same of the
X-3	D 0 0 1	100-	T	T = 0	D'80			
X-4	D 0 0 2	1 2		317. 3		11		included with above

Form Approved OMB No. 158-S80004

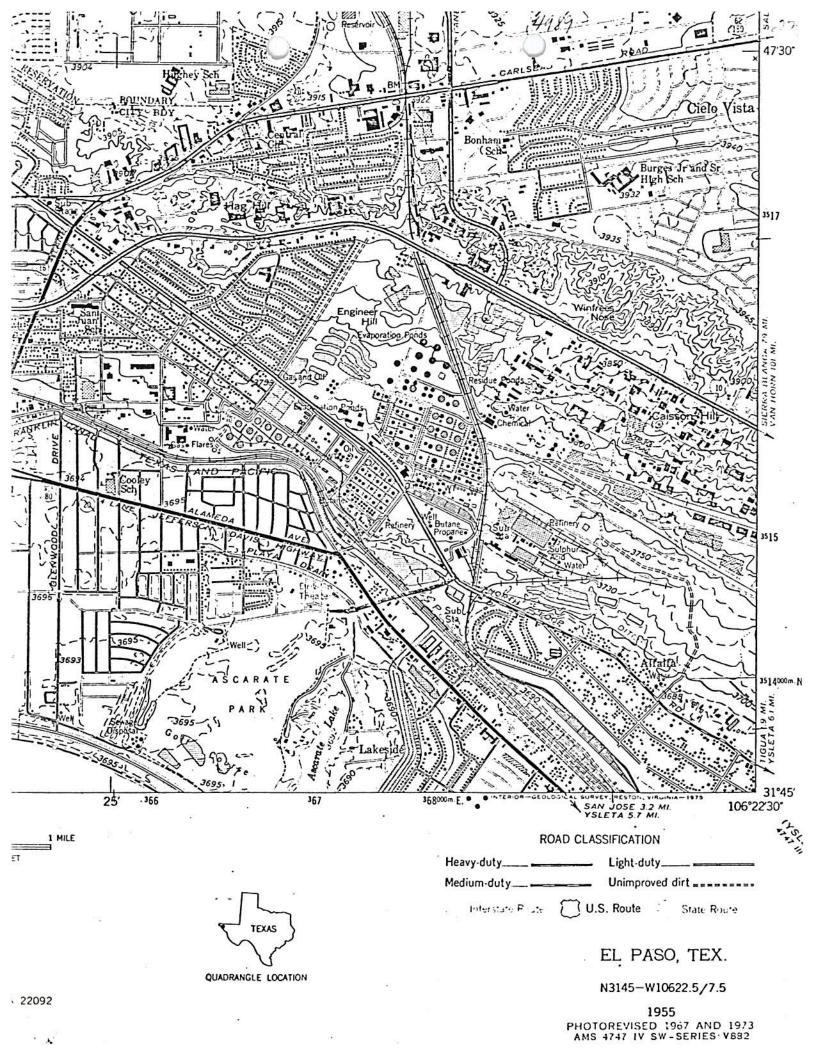
Contineed from page 2.
NOTE: Photocopy this page before completing if y lave more than 26 wastes to list. EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONLY DUP T|X|D|0|4|8|9|2|4|9|8| 9 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTENO D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 29 27 - 29 27 20-22 23 36 29 | 27 1 D 0 0 2 Т 3929.000 S 0 4 D 8 3 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

EPA Form 3510-3 (6-80)

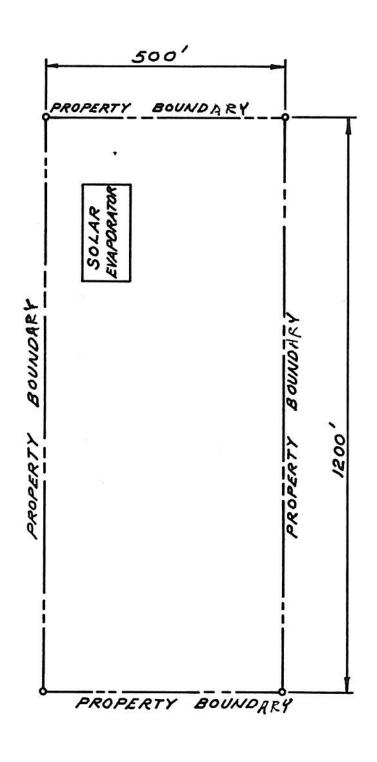
Continued from the front.

PAGE 4 OF 5

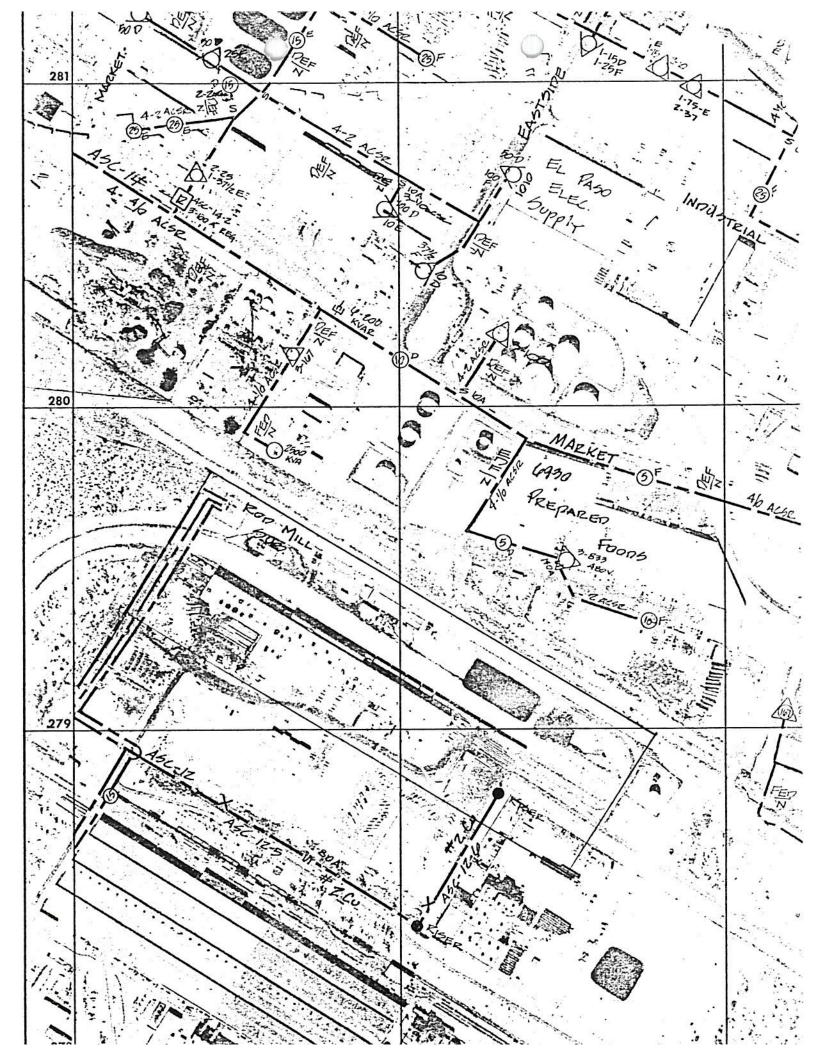
CONTINUE ON PAGE

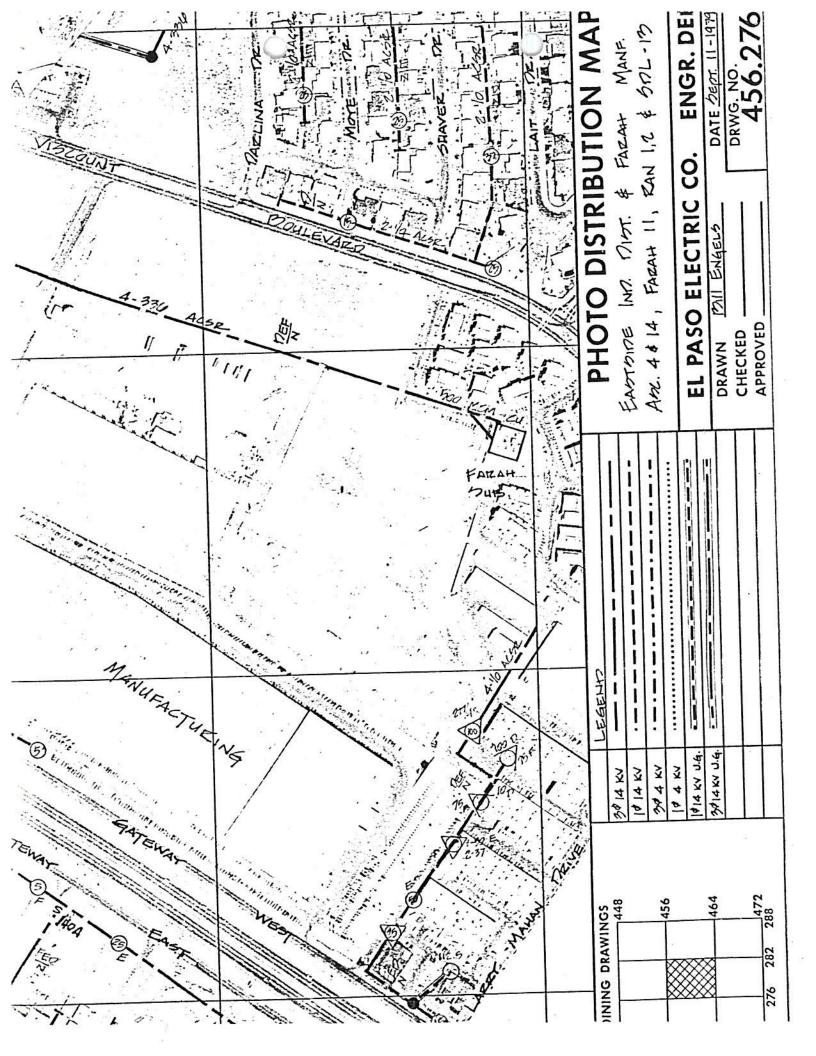


V. FACILITY DRAWING (see page 4)



SCALE: 1"= 200'





Part A, Permit Process --- Internal Checklist

ID Number乙	KD048924989 Inst Name Phelps Dodg	ge Copper C	0,
	PHASE ONE	Indicate by	Valid
Refer to Form No:	Interim Regulatory Requirements	your initials: <u>Yes</u> <u>No</u>	Prmlg Date?
1	T/S/D'Facility? (If No, return to respondent.)	MM	
3	Form 1 received?	MM	
1 .	Form 3 received?	MM	
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>	
3	Date of operation entered?	мм	
3	Date of operation on or before November 19, 1980?	MM	
Notif. record	Notifier?	WW	
" "	Notified on or before August 18, 1980?	MM	
1	Form 1, XIII B signed?	MM	
3	Form 3, IX B Signed?	WW	
	items above are initialed in the Yes column, generament and indicate the trigger date here:	te Interim Status	i
	PHASE TWO		3 .
1	Unsure if regulated or non-regulated?	GT	
3	New facility?	GT	
1 & 3	Core items missing? If Yes, indicate which items:		
SE	Facility name; location; mail address; ope	rator info;	
	certification; process info; waste info; o	wner; sigs	
	PHASE THREE	÷	
1 & 3	Non-core items missing? If Yes, indicate which ite	ms:	
*	Maps; photos; drawings; lat/long		Ø 1
	Other observations and comments:		
	# ##	Received Date St	qms.
	an 数	80/11/19	
Log out/Log	in	00/11/1	

(Stamp forms also)

on reverse side.

OUT

(NUMBE	IDENTIFICATION OF RECORD ER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
ADI	4	Key Punch	6-10-81
A	073	KP	7-13-81
TXD 01	892 1989 Phelps Dodg	P. Sadonski	8-21-84
			,
		<u> </u>	
OPTIONAL FORM 23 FEB 1962 GSA Circular No. 259		UT RECORD	e43—16—80979-1 356-299
		S	=
		Se.	
DATE CHARGED OUT	CHARGED TO	IDENTIFICATION OF RECORD AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	(NUMBER, TITLE

print or type in the unshaded areas only ereas are spaced for elite type, i.e., 12 characters find	:h).				Form Approved OMB No. 15	8-R0	175 d	278	
(DW)				IATION	I. EPA I.D. NUMBER			t/Al C	
I VEPA	Consoli	dated	Permits P	rogram	F T XD 0 4 8 9 2	4 9		9 3 D	
GENERAL (Read the	"Gener	al Ins	tructions"	before starting.)	GENERAL INSTR	JCTIC		3 14 15	
I. EPA I.D. NUMBER	/	//	1/1		If a preprinted label has be it in the designated space. I	en pr Reviev	ovide v the	d, affix inform-	
41111111111111111111111111111111111111	1,	//	1/1	111111	ation carefully; if any of it through it and enter the c	is inc	correc	t, cross	
III. FACILITY NAME	//	11	1/1		appropriate fill—in area belo the preprinted data is abser	ow. A	Iso, if	any of	
V FACILITY	//	1	1/	111111	left of the label space lis	ts the	info	rmation	
MAILING ADDRESS PLEASE PL	ACE	LA	BET IN	THIS SPACE	that should appear), please proper fill—in area(s) belo	w. If	the	label is	
111111111111111111111111111111111111111	//	/	//	//////	complete and correct, you Items I, III, V, and VI fe	xcept	VI-E	8 which	
FACILITY	//	/	//		must be completed regard items if no label has been	provio	ded. F	Refer to	
LOCATION	//	1	11.		the instructions for detail tions and for the legal au	thoriz	tem ation	descrip- s under	
	7	1,	11,	111111	which this data is collected.				
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "ye									
INSTRUCTIONS: Complete A through J to determine questions, you must submit this form and the supplemental transfer of the supplement	wheth	er you	u need to	submit any permit application	forms to the EPA. If you answ stion. Mark "X" in the box in	ver "y the th	es" to	o any Iumn	
if the sunnlemental form is attached. If you answer "no	" to e	ach o	uestion, v	ou need not submit any of the:	se forms. You may answer "no	IT YO	our ac	tivity	
is excluded from permit requirements; see Section C of t	ne instr	uctio	ns. See also	o, Section D of the instruction	for definitions of bold-faced	terms	MARI		
SPECIFIC QUESTIONS	YES	MAR NO	FORM ATTACHED	SPECIFIC G	UESTIONS	YES	NO	FORM	
A. Is this facility a publicly owned treatment work				B. Does or will this facility include a concentrated	(either existing or proposed) animal feeding operation or		252		
which results in a discharge to waters of the U.S. (FORM 2A)	1	X		aquatic animal production	n facility which results in a		Х		
C. Is this a facility which currently results in discharge	16	17	10	D. Is this a proposed facility	(other than those described	19	20 X	21	
to waters of the U.S. other than those described in A or B above? (FORM 2C)	n X	23	24	waters of the U.S.? (FOR		25	26	27	
E. Does or will this facility treat, store, or dispose of	of				t at this facility industrial or the lowermost stratum con-		1197775		
hazardous wastes? (FORM 3)	X				rinking water? (FORM 4)	31	X	33	
G. Do you or will you inject at this facility any produce		29	30	H. Do you or will you inject	t at this facility fluids for spe-	-	-		
water or other fluids which are brought to the surfaction connection with conventional oil or natural gas pro-)-			cial processes such as m process, solution mining	ining of sulfur by the Frasch of minerals, in situ combus-				
duction, inject fluids used for enhanced recovery oil or natural gas, or inject fluids for storage of liquid	d	Х		tion of fossil fuel, or red (FORM 4)	covery of geothermal energy?		Х		
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which		35	36	J. Is this facility a propose	d stationary source which is	37	38	39	
one of the 28 industrial categories listed in the in structions and which will potentially emit 100 to	IS			instructions and which v	ustrial categories listed in the vill potentially emit 250 tons		$ _{x} $		
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in a	e n	X		Air Act and may affect of	ant regulated under the Clean or be located in an attainment		3.55		
attainment area? (FORM 5) III. NAME OF FACILITY	40	41	42	area? (FORM 5)		(A)	44	45	
e IIIIIIIIII	O P			OMPANY					
15 16 - 29 30	J.F.		IX.	O III II II I		69			
IV. FACILITY CONTACT A. NAME & TITLE (last,	first &	title			PHONE (area code & no.)				
	11	1		91	5 7 7 8 9 3 7 1				
2 SJOSTROM STEVE E	<u> </u>			45 46 -	48 49 - 51 52 - 55				
V. FACILITY MAILING ADDRESS									
A. STREET OR P.	11	1		 					
3 POST OFFICE BOX	2.0	2,0		45					
B. CITY OR TOWN		7		C.STATE D. ZIP COI	DE T				
4 E.L. P.A.S.O.				T X 7 9 9 9	8				
VI. FACILITY LOCATION				20 31 22 37	MARKET STATES				
A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	DENTIF	ER	IIII				
58,9,7, H,A,W,K,I,N,S,			 		11000				
15 16 B. COUNTY NAME				45)	NOV 1 9 198	J			
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E.L. P.A.S.O				D.STATE E. ZIP COI	F -F-COUNTY CODE				
C. CITY OR TOWN	T	T	111		(if known)				
6 E.L. P.A.S.O.				T X 7 9 9 9	51 52 - 54				
EPA Form 3510-1 (6-80)	tion in	-	display and the same			NUE	ON R	EVERSE	

CONTINUED FROM THE FRONT		
VII. SIC CODES (4-digit, in order of priority)	MARTINE SECTION	,
A. FIRST	c (specify)	B. SECOND
7 3,3 COPPER	7	
C. THIRD	c (specify)	D. FOURTH
(specify)	7	
VIII. OPERATOR INFORMATION	15 16 - 19	
	NAME	B. Is the name listed in Item VIII-A also the
		Owner?
8 PHELPS DODGE COPPER		YES NO
C. STATUS OF OPERATOR (Enter the appropriate letter in		D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	P (specify)	A 2,1,2 9,4,0 6,4,0,0
P = PRIVATE E. STREET OR P.O. BOX	56	15 16 - 18 19 - 21 22 - 25
·		
P. Q. BOX 20200	55	
F. CITY OR TOWN	G.STATE H. ZIP CO	
BEL PASO	TEX 7 9 9	9 8. YES X NO
15 16 -	40 41 42 47 -	52
X. EXISTING ENVIRONMENTAL PERMITS	CONTRACTOR OF STREET	THE PARTY OF THE PARTY OF THE PARTY.
A. NPDES (Discharges to Surface Water) D. PSD (J. C. T. I. J. C. T. J. J. C. T. C.	Air Emissions from Proposed Sources)	
9 N 9 P		
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	
9 U	,,,,,,,,,,,	(specify)
15 16 17 18 - 30 15 16 17 18		
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	(specify)
9 R 9 9 15 16 17 18 - 30 15 16 17 18		
XI. MAP	AND A MEDICAL MINES	
Attach to this application a topographic map of the area the outline of the facility, the location of each of its exi		
treatment, storage, or disposal facilities, and each well w		
water bodies in the map area. See instructions for precise i	equirements.	F9: A/50
XII. NATURE OF BUSINESS (provide a brief description)	(A) 12 (A) 2 h。 (B) 14 h	
		M.
Copper Rod Roll:	ing, High Purity Copp	er Casting,
Wire Drawing		
Wire Drawing.		
T.		F9: A/
	*0	151
XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally example	mined and am familiar with the inform	mation submitted in this application and all
attachments and that, based on my inquiry of those p	ersons immediately responsible for o	obtaining the information contained in the
application, I believe that the information is true, accurately false information, including the possibility of fine and imp	prisonment.	lere are significant penalties for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
STEVE SLOSTEON EE	/ tour Dryle	om Nov 17.80
2	1	100011,00
COMMENTS FOR OFFICIAL USE ONLY		
C		
EDA Form 2510.1 (6.90) DEVENOS		55

EPA Form 3510-1 (6-80) REVERSE

Form Approved OMB No. 158-S800	Form	Approved	OMB	No.	158-5800
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280



US WASTE PERMIT APPLICATION Consolidated Permits Program HAZARL

ation is required under Section 3005 of RCRA

I. EPA I.D. NUMBER 4 8 9 2 4

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			IAL USE ONLY			de openie				188	CO	MMENTS			21.65					
	PRO	OVED	(yr., mo., & day)								60	MMENTS						TA T		
	23	14	8011119	IC A TOTAL	211													1000	102	
			R REVISED APPL			the second	ON OF	ul to in	diest	Jack.	other th	ie ie tha firet	application you s	re submittin	a for	VO	ır fa	cility	or a	
revis	ed a	pplica Num	n the appropriate box tion. If this is your fi ber in Item I above.	rst appli	ication and yo	u alread	y know	w your	facility	y's E	EPA I.D	. Number, or	if this is a revised	application	, ent	er y	our	facilit	y's	
A. F	IR	ST AI	PPLICATION (place	See insti	ructions for de	efinition	of "ex	ropriate cisting"	date)	ty.			2.NEW FAC	ILITY (Com	plet	e ite	m b	elow.)	
	71			Comple	te item below.	,					r mo	& day)	n	F	ORI	NEW	FA	CILI.	TIES,	
8 15	6	8	1 1 0 3 (use	the box	ING FACILIT N BEGAN OR es to the left)	THED	ATE C	ONST	RUCTI	ION	сомм	ENCED	73 74 75 76	T	ION	BEG	AN	OR I	ERA-	
B. F			CILITY HAS INTER			id comp	lete Ite	em I ab	ove)				2. FACILIT	Y HAS A RO	CRA	PEF	RMI	т		
III.	PR	OCES	SES – CODES AN	D DES	SIGN CAPA	CITIES	>													
 B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process. 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used. 																				
PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS																				
PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY													ACI	TY						
Storage: CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS											Treatment: TANK T01 GALLONS PER DAY OR LITERS PER DAY									
	AST	E PIL	E	502 503	CUBIC YAR	DSOR	RS		su	RF	ACE IM	POUNDMEN	т тог	GALLONS LITERS P	PE	RDA	AY	OR		
			MPOUNDMENT	504	GALLONS		RS		INC	CIN	ERATO	R	Т03	TONS PER METRIC T GALLONS	ON	UR S PE	RH		:	
IN		TION	WELL	D79 D80	GALLONS O			hat	0.7	HE	R (Use f	or physical	chemical, T04	LITERS P	ERI	100	R			
LA	ND	FILL		D80	would cover depth of one	foot) o	toa	nut.	pro	ces	ses not c	or physical, clogical treatmoccurring in t	anks,	LITERS P						
			ICATION	D81 D82	ACRES OR GALLONS	HECTA	RES		ato	rs.	Describe	ndments or in e the processe ided; Item II	es in							
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LI	TEF	25			L	TONS	PER H	OUR .				D	ACRE-FEET HECTARE-	METER				!	F	
CL	BIG	MET	ERS		C	GALLO	ONS PE	ER HO	UR .		:::::	E	ACRES							
EXA	AMP	LE FO	OR COMPLETING IT	EM III	shown in line	number	s X-1	and X-2	2 belov	w):		ty has two st	orage tanks, one	tank can hole	d 20	0 gal	llons	and	the	
othe	er ca	n hold	400 gallons. The fac	ility als	o has an incin	erator th	at can	burn u	p to 2	0 ga	allons pe	r hour.		111			1	1	1	
C 1 2			DUP		14 15		1	11	1	1		111			1	1	1	1	/	
ER		PRO-	B. PROCESS	DESIG	GN CAPACI			FOR	L	LI I	PRO-	B. PR	OCESS DESIG	NCAPAC	T	UNI	-	FC		
LINE	(fro	ODE om list oove)	1. AM (spe	OUNT cify)		OF ME. SURE (enter code)	A- OF	FICIA USE ONLY		a Constant	rom list		1. AMOUNT		OF SI (e	ME. URE enter ode)	A-	US ON		
X-1	5	0 2	- 600	2-	27	28 G	26	11	5		6 - 18	19	*	27		28	2	9	32	
X .2			-20			E			6											
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3	D	8 3	4,44	4.00		X			9			7								
3									1								-	+		

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III. PROCESSES (continued	I	ı		I		I	2	ŀ	2	C		C	I	3	S	S	,	E	5	S	1	0	1)	n	t	i	n	t	ı	e	a	1)	
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C. SPACE FOR ADDITIONAL PROCESS CODES OF FOR DESCRIBING OTHER PROCESSES (code "TO4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE POUNDS.....P KILOGRAMS.....K

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LI	A. EPA		C. UNIT	D. PROCESSES	
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)	1. PROCESS CODES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 P	100-	P	$T \theta = 3 D 8 \theta$	
X-4	D 0 0 2			included with above	

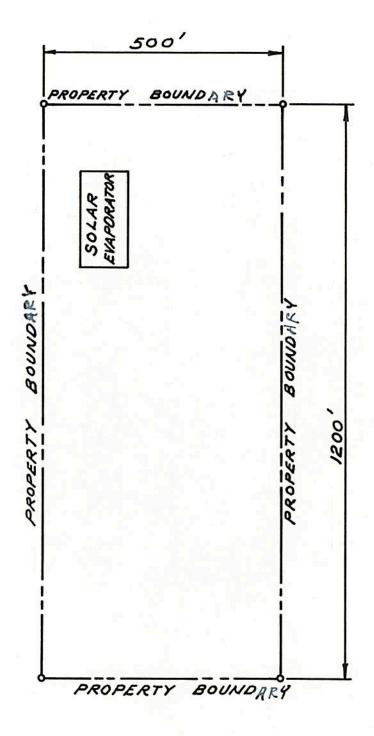
281

Continued from page 2.

NOTE: Photocopy this page before completing if ave more than 26 wastes to list. Form Approved OMB No. 158-S80004

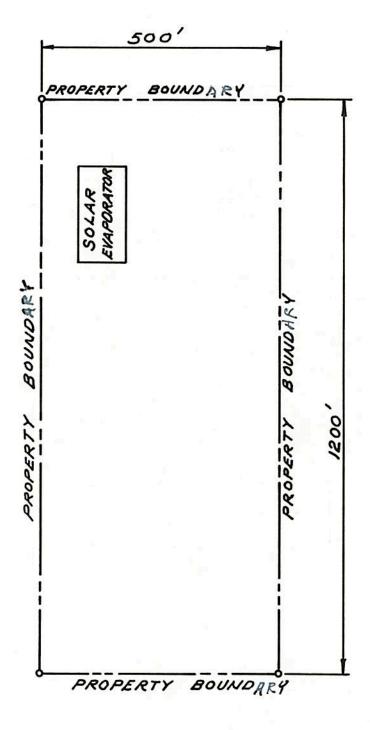
1000	EPA	1.0). N	им	BER (enter from page 1)		1	V			FC	R OFFIC	IAL USE	
1 2	100			7	8 9 2 4 9 8 9 3 1	/	7	1	W 1 2			DUP		13 14 15 23 - 26
IV.	1	A. E		-6700	ON OF HAZARDOUS WASTE	c.	UNI		ued)	Hae				D. PROCESSES
LINE NO.	H	AZ	AR	D.	D. LOI IMA I LD AMITORE	S	MEA URE enter ode)				(en	SS CODES		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
20-22	23		1	26			36		27 - 29	27	29	27 - 29	27 - 29	
	D	0	U	2	3929.000		T	1	S 0 4		3 3		1 1	
2									-	1	1	-1-1	- 1 - 1	7
3										-	1	1 1	-1-1	
4									1 1	1	1		1 1	
5					d d				11	1	1	1 1		
6			-						11	-	1			
7					2					-	-	1 1	-1-1	
8					(4)				11	-	1	1 1	1-1	
9	3								1 1	1	1	1 1		
10									1 1	-	1	1 1	1 1	
12									11	1	1			8
13									1 1	-	-			
14			-				100		11	1	1	1 1	11	
15					8				1 1	-	1	1 1	11	
16					-				1 1	1	1	1 1	1 1	77
17	100		70		a iê n × ⇔					1	1	-1-1		7 7 7 W 42 54
18									1 1		1	11	1 1	W /s
19									-1-1		Т	11	11	
20									11	T	1	1 1	11	
21									11	1	-	1.	11	
22										T	Т	1 1		
23									11	1	1	11	11	
24					¥					1	1	1 1	- 1	
25									11	1	Т	1 1	1 1	
26	23			26	27 - 35		36		27 - 29		- 29	27 - 29	27 - 29	

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IV. DESCRIPTION OF HAZARDOUS WASTI	ontinued)	9. F. W.
E. USE THIS SPACE TO LIST ADDITIONAL PRO	OCESS CODES FROM ITEM D(1) ON PAGE-3.	
		3 · · · · · · · · · · · · · · · · · · ·
	2 8	
EPA I.D. NO. (enter from page 1)		
S T/A C		
FTXD04892498936		
V. FACILITY DRAWING		A
	page 5 a scale drawing of the facility (see instructions for more of	detail). FG: '55
VI. PHOTOGRAPHS		
All existing facilities must include photographs (aer.	rial or ground—level) that clearly delineate all existing structions for mo	uctures; existing storage, A/S/
	rage, treatment or disposal areas (see instructions for mo	re detail). FG: 150
VII. FACILITY GEOGRAPHIC LOCATION	LONGITUDE (degrees	minutes & seconds)
LATITUDE (degrees, minutes, & seconds	s) LONGITUDE (degrees,	minutes, & seconds)
LATITUDE (degrees, minutes, & seconds	s) LONGITUDE (degrees,	minutes, & seconds)
	ODERONALES O ASSESSA VERMINER	minutes, & seconds) 3 0 3 0 76 77 - 79
VIII. FACILITY OWNER	$ \begin{array}{c cccc} $	3 0 0 3 0 77 - 79
VIII. FACILITY OWNER	ODERONALES O ASSESSA VERMINER	3 0 0 3 0 77 - 79
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below.	$ \begin{array}{c cccc} $	3 0 0 3 0 77 - 79
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as labeled to the facility operator as labeled	listed in Section VIII on Form 1, "General Information", place a	an "X" in the box to the left and
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as labeled to the facility operator as labeled	listed in Section VIII on Form 1, "General Information", place a	3 0 0 3 0 77 - 79
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VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER P H E L P S D O D G E I N D	listed in Section VIII on Form 1, "General Information", place a listed in Section VIII on Form 1, complete the following items: LITY'S LEGAL OWNER U.S. T. R. I. E. S., I. N. C.	an "X" in the box to the left and
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER C PHELPS DODGE IND 3. STREET OR P.O. BOX	listed in Section VIII on Form 1, "General Information", place a listed in Section VIII on Form 1, complete the following items: LITY'S LEGAL OWNER USTRIES, INC.	2. PHONE NO. (area code & no.)
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER PHELPS DODGE IND 3. STREET OR P.O. BOX	listed in Section VIII on Form 1, "General Information", place a listed in Section VIII on Form 1, complete the following items: LITY'S LEGAL OWNER U.S. T. R. I. E. S., I. N. C. 4. CITY OR TOWN 5	2. PHONE NO. (area code & no.) 2. PHONE NO. (area code & no.) 3
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VIII. FACILITY OWNER X A If the facility owner is also the facility operator as skip to Section IX below. B If the facility owner is not the facility operator as skip to Section IX below. B If the facility owner is not the facility operator as skip to Section IX below. B If the facility owner is not the facility operator as skip to Section IX below. C I N D D G E I N D	listed in Section VIII on Form 1, "General Information", place a listed in Section VIII on Form 1, complete the following items: LITY'S LEGAL OWNER U.S. T. R. I.E. S., I. N. C. 4. CITY OR TOWN G. N. E. W. Y. O. R. K. 4. Examined and am familiar with the information submitted individuals immediately responsible for obtaining the infecter. I am aware that there are significant penalties for submitted in the submitted of the	2. PHONE NO. (area code & no.) 3. St. St. St. St. St. St. St. St. St. St
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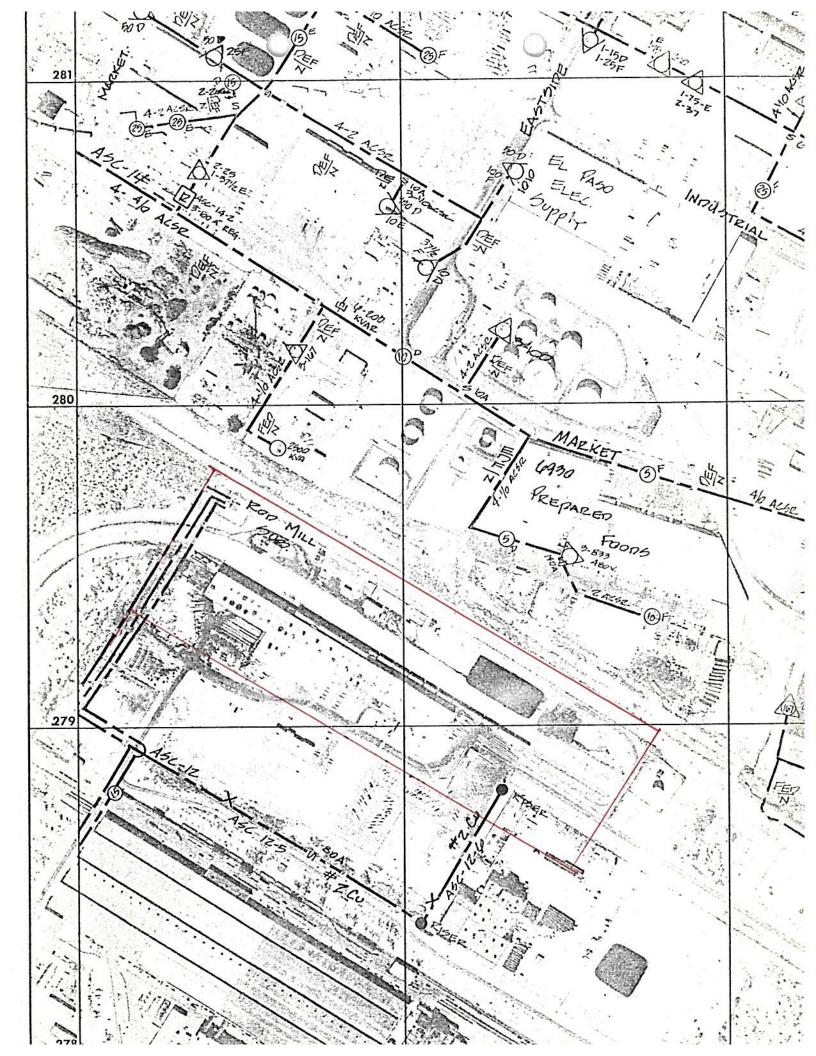


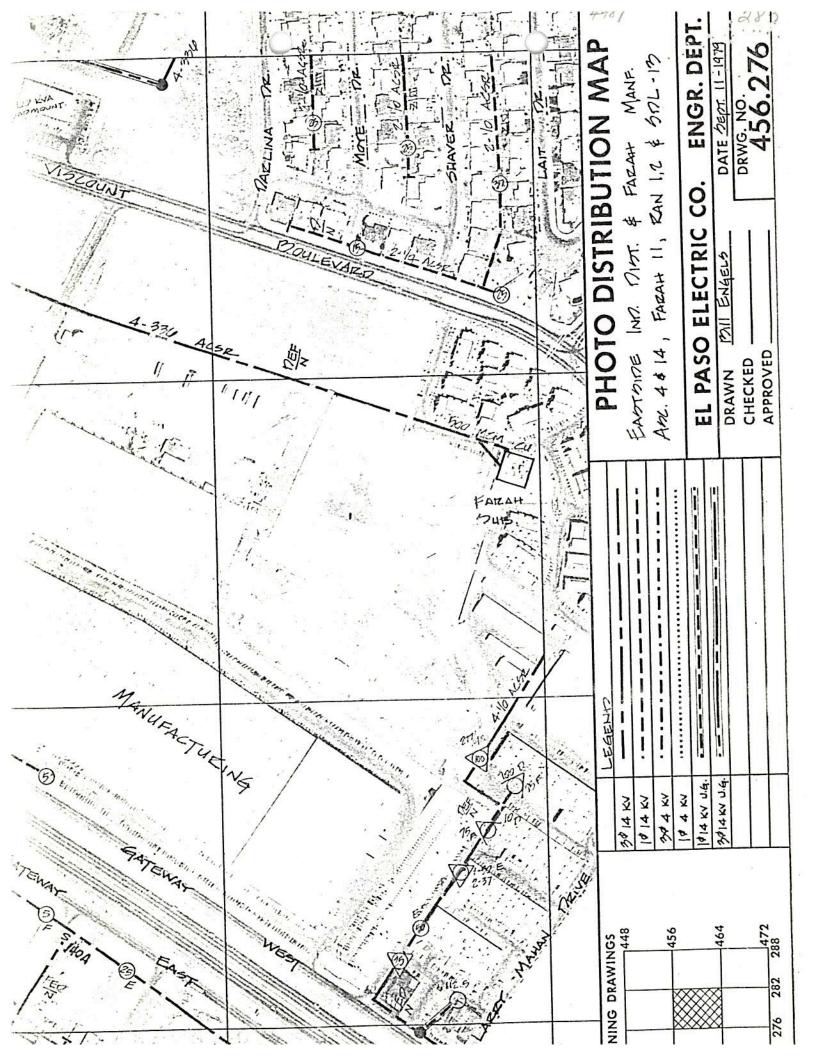
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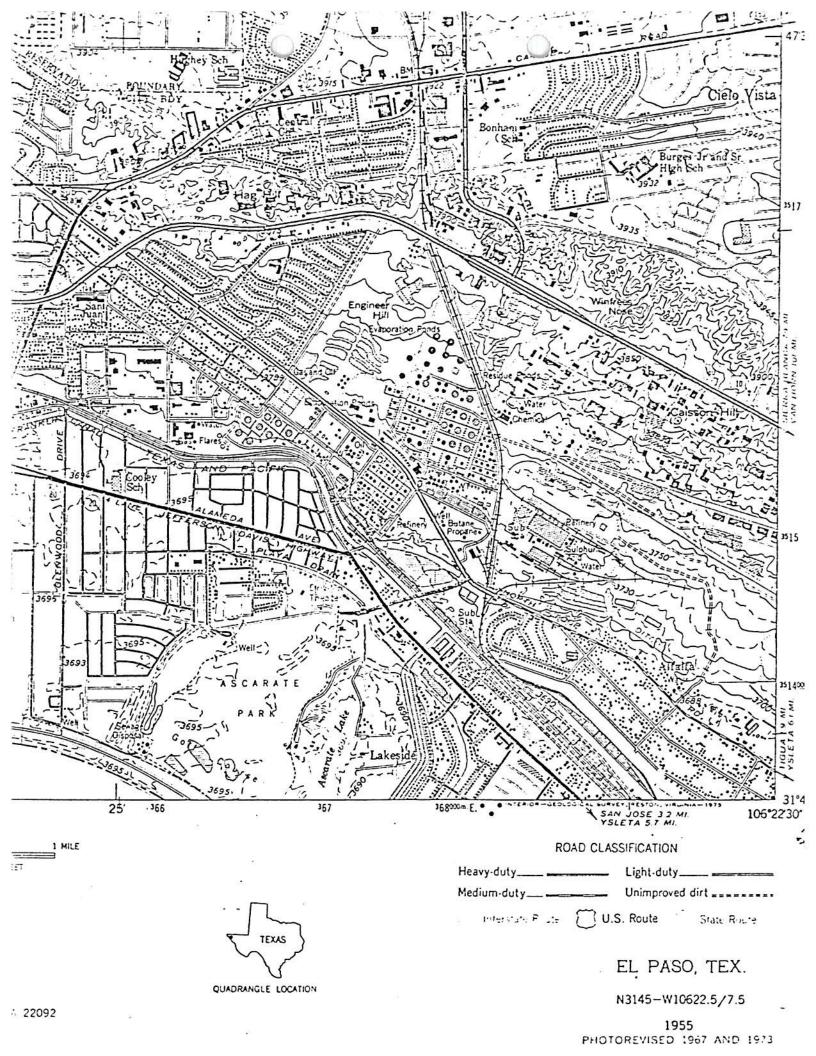


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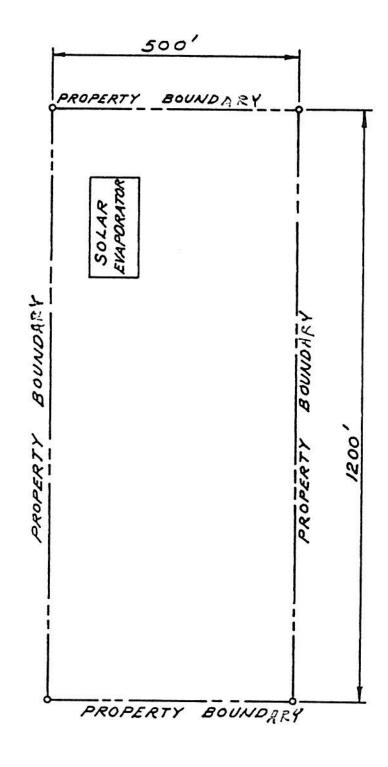
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V. FACILITY DRAWING (see page 4)



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	IX. DESCRIPTIO	N OF HAZARDO	US WASTES								2002	
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D. LISTE hospit	als, medical and researc	FES. Enter the four—di th laboratories your inst	git number from 40 C allation handles. Use	FR Part 261.34 for each additional sheets if nece	n listed hazardous waste i ssary.	from hospitals, veterinary	1
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E. CHAR hazard	ACTERISTICS OF NO lous wastes your installa	N-LISTED HAZARDO ation handles. (See 40)	OUS WASTES. Mark CFR Parts 261.21 – 2	"X" in the boxes corresponder.	oonding to the characteri	stics of non-listed	
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TEXAS DEPARTMENT OF WATER RESOURCES

PERMIT APPLICATION FOR

INDUSTRIAL SOLID WASTE STORAGE/PROCESSING/DISPOSA

PART A - FACILITY BACKGROUND INFORMATION

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i	CENEDAL	INCODUATION
	GENERAL	INFORMATION

ACTIVE C# 032307

Phelps Dodge Copper Products A. Applicant:

State:

(Individual, Corporation, or Other Legal Entity Name)

Post Office Box 20200 Address:

Texas

Zip Code:

79998

Telephone Number: (915) 778-9371

B. Authorized Agents

City: El Paso

- I. List those persons or firms authorized to act for the applicant during the processing of the permit application. Also indicate the capacity in which each person may represent the applicant (engineering, legal, etc.). The person listed first will be the primary recipient of correspondence regarding this application. Include the complete mailing addresses and phone numbers.
 - M. D. Fernandes, Plant Manager
 - N. R. Smith, Chief Engineer
 - S. A. Sjostrom, Engineering
- 2. List the individual and his/her mailing address that will be responsible for causing any necessary public notices to be published in the newspaper.

Steve A. Sjostrom Name:

Address: Post Office Box 20200

City: El Paso State: Texas Zip Code: 79998

Telephone Number (915) 778-9371

RECEIVED

AUG 17 1980

PERMIT CONTROL TOWR

City: El Paso State: Texas Zip Code: 79998 Telephone Number: (915) 778-9371 Operator: Identify the entity who will conduct facility operatilif same as applicant, state "same as applicant." Name: "Same as Above" Address: Zip Code: Zi		dress:	Post Of	ffice Box	20200		
Operator: Identify the entity who will conduct facility operation of the same as applicant, state "same as applicant." Name: "Same as Above" Address:	Ci	ty: <u>F</u>	l Paso	State:_	Texas	Zip Code:	79998
If same as applicant, state "same as applicant." Name: "Same as Above" Address: City: State: Zip Code:	Te	lephon	e Number:_	(915) 778-	9371		
Address: City: State: Zip Code:							y operation
City: State: Zip Code: Telephone Number:	Name:	" S	ame as Ab	oove"		s an a "Elegi	
Telephone Number: Ownership 1. Indicate the ownership status of the facility: a. Private (1) Corporation X (2) Partnership (3) Proprietorship (4) Non-profit organization b. Public (1) Federal (2) Military (3) State (4) Regional (5) County (6) Municipal c. Other (specify) 2. Is facility and site property owned by applicant? X YesNo If you checked "no", PERMIT CONSTITUTE AUG 17 1980	Addre	ss:					
Ownership 1. Indicate the ownership status of the facility: a. Private	City:		193	State:		Zip Code:	
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- Submit as an attachment a copy of the lease for use of said facility and/or site property, as appropriate; and
- Identify the facility owner. If same as applicant in Part b. A above, state "same as applicant." If different from the applicant, please note that the owner is required to sign the application on page 5.

	Name:	"Same As Appl	icant"		
	Address:		4 g × 1 27		
	City:	State:	2 2 2 3	Zip Code:	30 A M 1 30 S
	Telephone Num	ber:			
	E. Type of Permi	t Application:			
	I. New	X			
	2. Amendment	(TDWR	Permit Numbe	r:)
	F. Registration	and Permit Infor	mation		
	I. Denote you "none."	r TDWR Solid Was 30825	te Registrati	on Number.	If none, state
	constructi industrial plant or a	existing or pen on approvals whi solid waste man t your location. ber, or the date	ch pertain to agement activ Complete ea	pollution co ities conduct ch blank by e	ontrol or ted by your entering the
Do I	evant Program and/	or law	_ 100 g 1 0		
110.	evani ir ogi am anaz	<u> </u>			Government
				Permit No.	Agency*
а.	Texas Solid Waste		, 142, 9, 9 , -	None	
b.	Wastewater dispos Water Code	al under the Tex	as –	None	
с.	Underground injec Texas Water Code			None	
d.	Texas Clean Air A			STATE OF STREET	TACB
e.	Texas Uranimum Su Reclamation Act	rtace Mining &		None	
f.	Texas Surface Coa Reclamation Act	I Mining &		None	ret to design
g.	Hazardous Waste M under the Resourc				

None

Recovery Act

h.	UIC program under the Safe Drinking Water Act	None	
i.	NPDES program under the Clean Water Act	None	
j.	PSD program under the Clean Air Act	None	
k.		None	
١.	National Emission Standards for		
	Hazardous Pollutants (NESHAPS) precon-		
	struction approval under the Clean Air Act	None	
m.	Ocean dumping permits under the Marine Protection Research and Sanctuaries Act	None	
n.	Dredge or fill permits under section 404 of the Clean Water Act	None	
ο.	Other relevant environmental permits	None	11

* Use the following acronyms for each agency as shown below:

TDWR = Texas Department of Water Resources

TACB = Texas Air Control Board

TRC = Texas Railroad Commission

TDH = Texas Department of Health

TDA = Texas Department of Agriculture

EPA = U. S. Environmental Protection Agency

CORPS = U. S. Army Corps of Engineers

- G. Description of Business
 - 1. Give a brief description of the nature of your business.

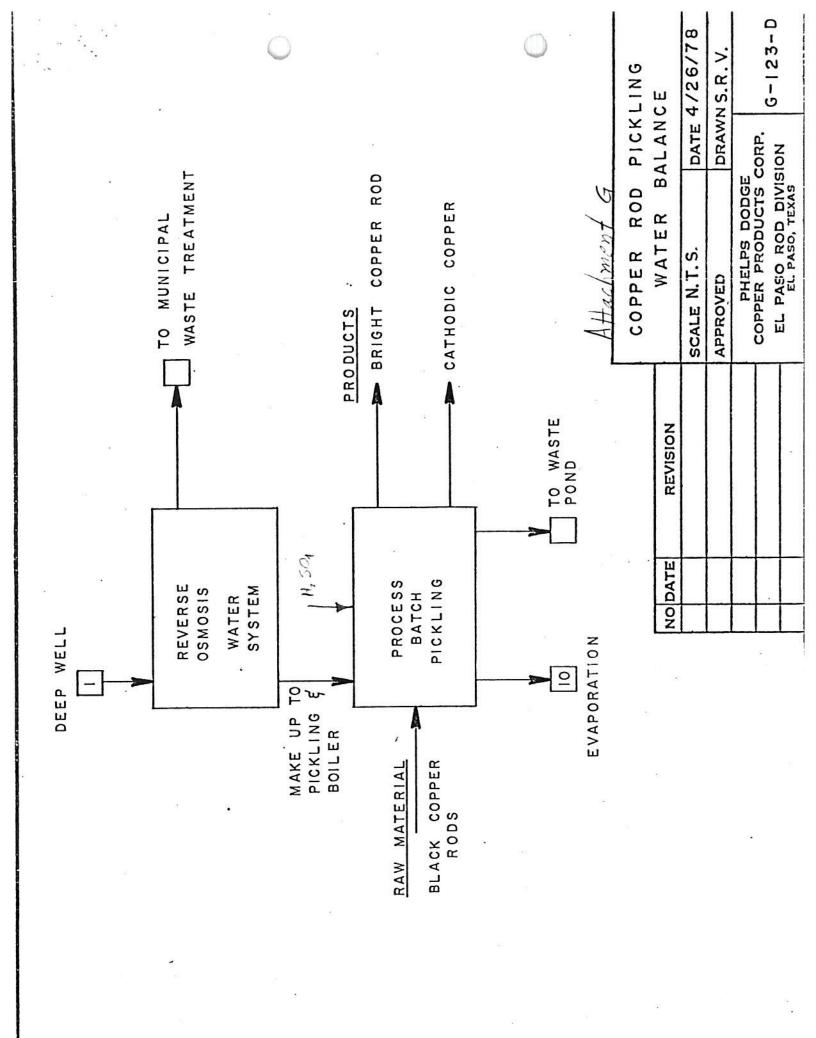
Hot Rolled Copper Rod Mill

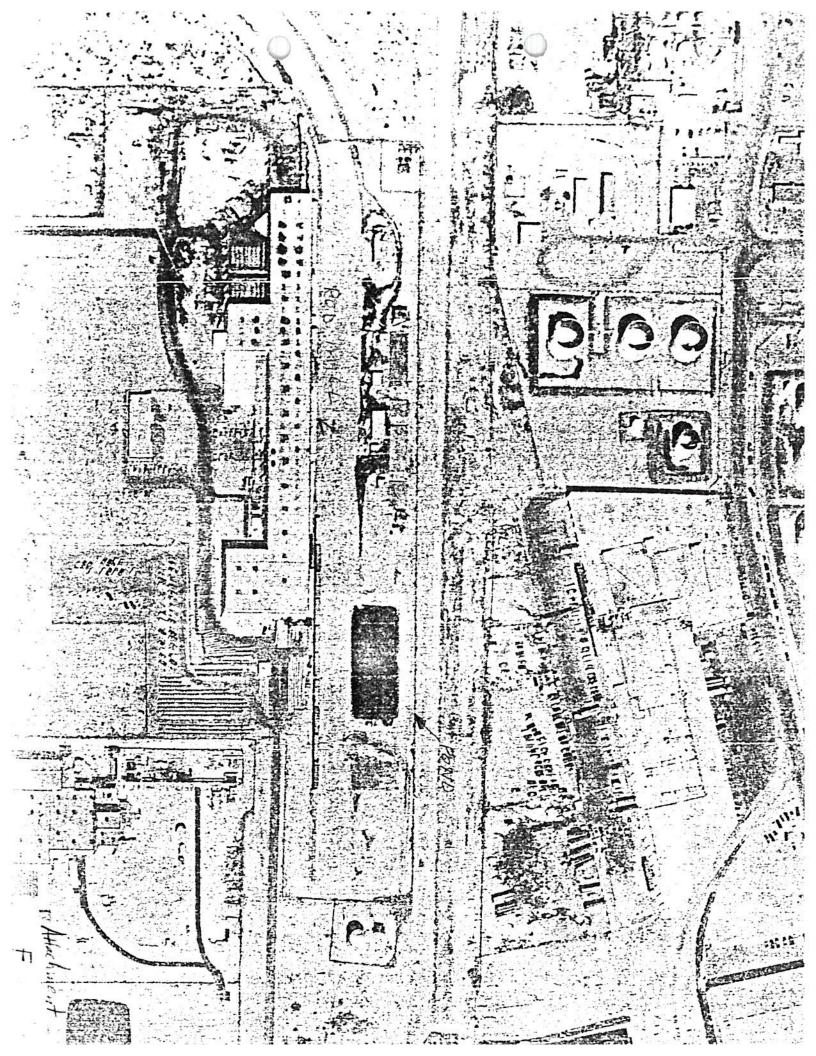
- List the principal products and/or services which are provided by your plant. Please itemize by Standard Industrial Classification (SIC) codes.
 - 33 Hot Rolled Copper Rod

6 (1(4)N)	COPPORT TO DUTTE OUNT 500
Suspense Fund 900 FY CC Sales Tax Fund 961 FY CC General Rev. Fd 1, Unappropriated	Special Fund 41 FY CC Special Fund 123 FY CC Special Fund 153 FY CC FY CC FY CC
FY CC	Special Fund 158 FY CC urce of Funds Refund on War#
Type of Remittance CE# OIII	F Received by

ne a i	Manuel D	. Fernandes		1 km	Plant	Manager
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= =	Steve A.	Sjostrom	a tar ta	,,	Engine	
		(Name)	1.00		(Ti	tle)
Signa	iar with the and that, ba	information s sed on my inqu g the informa	submitted in uiry of thos	n this documents in this documents in the learning that the learni	nt and al s immedia informat	tely responsib
SUBSC	RIBED AND SW	ORN to before	me by the	said	¥7	
		on this _	13th	day of A	ugust	, 19 <u>80</u> .
Му со	mmission exp	ires on the _	3rd	day of	March	, 19 <u>84</u> .
		±9		(Dor	othy F.	Butcher) 1. Lateker in and for
				El	Paso	_ County, Texa







II. SITE BACKGROUND INFORMATION

	. Facility Name: Phelp	s Dodge Copp	er Prod	ucts	
	Street Address, if avai	lable: 897	Hawkins		
	El Paso, Texas	County:	El P	aso	
2	 Are your waste manageme jurisdiction of a munic 		within th	e extraterrito	orial
	X Yes No				

3. Give a verbal description of the location of the facility site with respect to known or easily identifiable landmarks.

El Paso

Immediately North West of Phelps Dodge Refinery

If you checked "yes," what municipality?

- 4. Detail the access routes from the nearest U.S. or State Highway to the facility site. Hawkins Exit South From Highway Interstate 10 in El Paso
- 5. Submit as "Attachment A" a United States Geological Survey (USGS), 7½ minute quadrangle map. Indicate on this map the location of the site and the land use patterns of the areas within ' mile (1.6 km) of the site boundaries (e.g., residential, commercial, recreational, agricultural, undeveloped, etc.). Each area of land use should be labeled on the map. (Note: if such a map is not available, submit a substitute map such as a State Department of Highways and Public Transportation county map with sufficient scale to adequately show the site location and surrounding land use patterns.
- 6. a. Submit as "Attachment B" a map indicating the boundaries of all adjacent parcels of land, and a list of the names and mailing addresses of all adjacent landowners and other nearby landowners who might consider themselves affected by the activities described by this application. Cross-reference this list to the map through the use of appropriate keying techniques. The map should be a USGS map, a city or county plat, or another map or drawing with a scale adequate enough to show the cross-referenced affected landowners.

	b.	Indicate from what identified as affect			s and addres	ses of pe	ersons
		City					
		City County					
		School District					
		Water District					
		Abstract Co.	1				
		Other (specify)	Phelps D	odge Red	ords		
		1.0		(0.1			
	7. Ent	er the geographical	coordinat	es of the	site:		
	La	titude: N 31 de	g <u>46</u>	_min0	sec		
	Lo	ngtitude: W 106 d	eg23	_min_30	sec		
	8. Is	the facility locate	d on India	n lands?	Check one:		95
	•	Yes X No					
В.	Legal	Description of Site					
	land u	as "Attachment C" pon which the waste application occur	managemen	t operati			
c.	Site E	nvironmental and Te	chnical In	formation			
	I. CI	imatic and Hydrolog	ic				
	a.	Is any portion of ing proposed, act flooding from adj the following con	ive, and i acent or n	nactive p	ortions) sub	ject to	
		24-hr Rainfall Ev	<u>ent</u> <u>Y</u>	es <u>N</u>	<u> </u>		
		5-year		x			
		50-year	-	x	_		
		100-year	_	x			
	b.	Are there any prod	ucing grou			site pro	perty?
x 2 p		YesNo					
		If you checked "ye	s,"				
		(I) Indicate the	number of	such well	s:6	, and	

		(2) Indicate the corresponding water uses below:	
		(a) Industrial uses: Cooling water X	
		Process water X	
		Fire-control water X	
		(b) Potable (drinking) water X	
		(c) Agricultural uses: Irrigation water for livestock food crops or grazi land	n
		Livestock watering Irrigation water for human food crops	
	с.	Are any adjacent or nearby surface waters utilized by the applicant?	
		Yes <u>X</u> No	
		If you checked "yes," indicate the corresponding water uses below:	
		(I) Industrial uses: Cooling water Process water Fire-control water	
		(2) Potable (drinking) water	
		(3) Agricultural uses: Irrigation water for livestock food crops or grazing land Livestock watering Irrigation water for human food crops	
2.	Sit	Land Use and Subsidence Information	
	a.	Is any portion of the overall site property utilized for agricultural purposes?	
		Yes <u>X</u> No	
		If you checked "yes," indicate the corresponding uses below:	
		(1) Grazing	
		(2) Livestock food crop	
		(3) Human food crop	
		If you checked no. (2) or (3), specify the types of crops grown.	
	b.	Is any portion of the overall site property subject to land subsidence?	
		Yes No	
		어제 아이 살아지는 그 아들은 바닷가 없었다. 나로 아이들 아니는 사람들은 사람들이 가장 없는 그릇이 없다.	

If you checked "yes," estimate the magnitude of the greatest subsidence that has occurred (in units of feet).

III. WASTES AND WASTE MANAGEMENT

A. Waste Generation and Management Activities

Is any hazardous industrial solid waste (see Title 40, Code of Federal Regulations, Part 261) presently or proposed to be generated at your facility?

X Yes No

If you checked "no," go to Section III.B.2. below. If you checked "yes," answer the following question.

1. Are you presently registered with TDWR as a solid waste generator?

X Yes No

If you checked "no," contact the Solid Waste Section of TDWR in Austin, Texas to obtain registration information. Also, continue with the application form (go to Number 2 below).

If you checked "yes," go to Section I of your Notice of Registration, determine which of your wastes are hazardous, and list these wastes (and mixtures) in Table III-I (see Number 2 below).

 Complete Table III-I below, listing all hazardous wastes and all mixtures containing any hazardous waste which are presently or proposed to be generated at your facility. (see 40 CFR 261.31-33), attaching additional copies as necessary.

In this table, "TDWR Sequence Number" refers to the number in the left-hand column in Section I of your Notice of Registration (Note: if you are not registered with TDWR, enter "NA" for TDWR Sequence Number and TDWR Waste Code Number).

For the EPA Hazard Code and EPA Hazardous Waste Numbers, see 40 CFR 261.30-33. For annual quantity, provide the amount in units of pounds (as generated) for each waste and/or waste mixture.

Please group the listings of wastes by SIC code, insofar as your processes are designated by SIC codings. Also, within the general SIC code groups, give a brief description of the specific process or operation from which the waste has been generated.

- B. Waste Management Facilities Summary
 - I. For each waste and waste mixture listed in Table III-I that is presently or proposed to be managed on-site, provide the summary sheet shown in Table III-2 (Note: you must make copies of Table III-2 and submit the completed set of tables as "Attachment D").

Table III-I Generated Hazardous Wastes and Management Activities

						W		5.0 Nec		6	
Verbal	TOWR	TDWR	EPA	EPA		— waste manag (Check ap	Check applicable items)		Annual	Code	
Description of Weste	Sequence	Waste Code Number	Hazard	Hazardous Waste No.	Off-Site Disposal	Storage 1	On-Site Processing ²	Disposal	Generated (lbs)	Process	
H ₂ SO4 in H ₂ 0		= 1					×		56 mm	33	
			1					*=			Ċ
			I								1
		ž :-									
										₹ 114 2	
- 4 - 2 2 2											
			l								þ
		*3									Y
	E										

^{1 &}quot;Storage" means the interim containment or control of waste after generation and prior to ultimate disposal.

preparation of solid waste for reuse or disposal, including the treatment or neutralization of hazardous waste so as to render such waste nonhazardous, safer for transport, amenable for recovery, amenable for storage, or reduced volume. The "transfer" of solid waste for reuse or disposal as used above, does not include the actions of a carrier in conveying or transporting solid waste by truck, ² "Processing" means the extraction of materials, transfer, volume reduction, conversion to energy, or other separation and ship, pipeline, or other means.

Table III-2 Hazardous Waste Management Facility Component Summary Sheet

waste

Verbal Description of Waste	H ₂ SO ₄ in H ₂ O
Process (see last column in Table III-I)	Sulphuric Acid Pickling
TDWR Sequence Number of Waste (if assigned)	
Indicate the facility components used for s specified waste by entering the number of s is managed.	
X Lagoon/Pond (unlined)	Landfarm
X Lagoon/Pond (lined) - Proposed	Landspreading Area
Basin (earthen, above-grade lined)	Spray Irrigation Area
Basin (earthen, above-grade unlined)	Flood Irrigation Area
Basin (earthen, below-grade lined)	Septic Tank/Drain Field
Basin (earthen, below-grade unlined)	Injection Well
Basin (concrete, above-grade lined)	Tank (surface storage)
Basin (concrete, above-grade unlined)	Tank (sub-surface storage)
Basin (concrete, below-grade lined)	Tank (surface processing)
Basin (concrete, below-grade unlined)	Tank (sub-surface processing)
Basin (other)	Tank (other)
Pit (lined)	Drum Storage Area (open)
Pit (unlined)	Drum Storage Area (enclosed)
Incinerator	Drum Storage Area (other)
Open Controlled Incineration Area	Bulk Storage Area (open)
Boiler (energy-producing)	Bulk Storage Area (enclosed)
Landfill (sanitary)	Bulk Storage Area (other)
Landfill (surface, open)	Other (specify
Landfill (other)	

2. Has the applicant at any time conducted the on-site storage, processing, or disposal of industrial solid waste now identified or listed as hazardous waste?

X Yes No

If you checked "yes," complete Table III-3 indicating the hazardous industrial solid waste management facility components which were once utilized at your plant site but are no longer in service (i.e., inactive facility components).

If you checked "no," and if no hazardous industrial solid waste is presently or proposed to be generated or managed at your facility, then you need not file this permit application. Otherwise, proceed with application form.

3. For each facility component indicated in Table III-2 (Attachment D) and Table III-3, complete the following Table III-4 attaching additional copies as necessary. Enter the name of each facility component as specified in the earlier tables.

Give the design capacity of each facility component in any of the units shown. In the case of inactive facilities for which design details are unavailable, an estimate of the design capacity is sufficient.

Please note that each facility component should be described in your own words on the line provided for "verbal description."

- 4. Provide an estimate of the total weight (Ibs) of hazardous industrial solid waste material that has been disposed of and/or stored within your site boundaries and not removed to another site.
- C. Location of Waste Management Facilities and Components
 - I. Submit as "Attachment E" a drawn-to-scale topographic map (or other map if a topographic map is unavailable) extending one mile (and only one mile) beyond the property boundaries of the overall plant site, depicting the following:
 - a. The approximate boundaries of the site (described in Section II B) and within these boundaries, the location and boundaries of the areas occupied by each active, inactive, and proposed facility component (see Tables III-2 and III-3 for facility components). Each depicted area should be labeled to identify the facility component(s), component status (i.e., active, inactive, or proposed), and area size in acres.

NOT APPLICABLE

Table III-3 Inactive Hazardous Industrial Solid Waste Management Facility Components

Indicate the inactive facility components which were used for storage/processing/disposal of hazardous wastes or mixtures containing any hazardous waste by entering the number of such facility components in the space provided.

Lagoon/Pond (lined)	Landspreading Area
Basin (earthen, above-grade lined)	Spray Irrigation Area
Basin (earthen, above-grade unlined)	Flood Irrigation Area
Basin (earthen, below-grade lined)	Septic Tank/Drain Field
Basin (earthen, below-grade unlined)	Injection Well
Basin (concrete, above-grade lined)	Tank (surface storage)
Basin (concrete, above-grade unlined)	Tank (sub-surface storage)
Basin (concrete, below-grade lined)	Tank (surface processing)
Basin (concrete, below-grade unlined)	Tank (sub-surface processing
Basin (other)	Tank (other)
Pit (lined)	Drum Storage Area (open)
Pit (unlined)	Drum Storage Area (enclosed)
Incinerator	Drum Storage Area (other)
Open Controlled Incineration Area	Bulk Storage Area (open)
Boiler (energy-producing)	Bulk Storage Area (enclosed)
Landfill (sanitary)	Bulk Storage Area (other)
Landfill (surface, open)	Other (specify
Landfill (other)	

Table III-4 Hazardous Waste Facility Components List

Facility Component			Status			Design Capacity	, ,	Number of	Date
Name	Seq. No.	Inactive	Active	Proposed	(cn yds)	(gal)	(lbs)	Years	in Service
El Paso Rod Mill	27		×		2963		." ". .X	10	Dec 169
Verbal Description:	2								
Verbal Description:									
					57		12		
				To .			8		
Verbal Description:									
				*	a	2-1			3
Verbal Description:		X X							
	Haber of								Ó
		- T							
Verbal Description:				a					
	٠	1		-				7	, place
			-						
Verbal Description:					28.2				
		-4.					20	10 10 10 10 10 10 10 10 10 10 10 10 10 1	

 The overall facility and all surface intake and discharge structures;

- c. All injection wells where liquids are injected underground;
- d. All known monitor wells and boreholes within the property boundaries of the overall plant site; and
- e. All wells, springs, other surface water bodies, and drinking water wells within the map area and the purpose for which each water well is used (e.g., domestic, livestock, agricultural, industrial, etc.).
- Submit as "Attachment F" photographs which clearly delineate all hazardous waste facility structures and storage, processing, and disposal areas, as well as sites of future storage, processing, and disposal areas.

D. Flow Diagram/Description

Show as "Attachment G" process flow diagrams or step-by-step word descriptions of the process flow, depicting the handling, collection, storage, processing, and/or disposal of each of the hazardous wastes previously listed in this application.

The flow diagrams or descriptions should include the following information:

- 1. Originating point of each waste and waste classification code;
- 2. Means of conveyance utilized in every step of the process flow;
- Name and function of each facility component through which the waste passes;
- The ultimate disposition of all wastes (if off-site, specify "off-site") and waste residues.

IV. INDEX OF ATTACHMENTS

List and index below all attachments to this application and indicate if included or not included:

<u>Item</u>	Mandatory Attachments	<u>Attachment</u>	Included	Not Included
11.A.5.	USGS map	<u>A</u>	X	-
II.A.6.a.	Affected landowners	<u>B</u>	<u>x</u>	-
II.B.	Site legal description	<u>c</u>	<u>x</u>	
111.B.1.	Hazardous waste facility component summary sheets	<u>D</u>		<u>x</u>
III.C.I.	Facility boundaries and adjacent . waters map	<u>E</u>	<u>x</u>	
III.C.2.	Photographs	<u>F</u>	<u>x</u>	
111.D.	Process flow diagram/description	<u>G</u>	<u>x</u>	00000 Tarania - 10000 Tarania
	Other Attachments as Required			
I.D.2.a.	Lease		-	<u>x</u>
111.A.2.	Additional generated waste list (Table III-I)	_		<u>x</u>
III.B.3.	Additional hazardous waste facility components list (Table III-4)	and the second		<u>X</u>

LOSS OF INTERIM STATUS REGION VI EPA RO6-01-06

1.	Reviewer:	DGS	124				A-1
2.	Facility name:	PUELDS DO	SE	Copp	ER P		CTS Co.
3.	Address/location:	P.O. Box 20		, ,			
		EL PASO, T					
4.	EPA I.D. No.:	TXD 04892	499	89			
5.	Type of RCRA units requiring certific						
	Α		н.				
	В		I.				
	c	<u> </u>	J.				
	D		Κ.				
	E		L.				
	F		М.				
	G		Ν.				
					Yes	No	Not Determined
6.	Is groundwater cer required? If yes, Question 7. If no 22.	continue to					
7.	Is financial assurtion required? If to Question 3. If Question 22.	yes, continue no, go to					

		Yes	Но	Not Determined
submi Quest	groundwater certification itted? If yes, continue to tion 9. If no, answer Questions), 11, and 12, and go to Question 20.	. 🗆		
subrai 10.	financial assurance certification itted? If yes, continue to Question If no, answer Questions 10, 11, 12 and go to Question 20.			
conti answe	ignature adequate? If yes, inue to Question 11. If no, er Questions 11 and 12 and go to tion 22.			
11. Docum	mentation available?			
b. F c. T d. S F e. O f. F g. R h. O	Part A Submittal - Date: Part B Submittal - Date: Topographic Map - Section 3007 Response - Date: Closure Plan - Date: Post-Closure Plan - Date: CRA Inspection - Date: Diner - Signed i. Certification Date: ii. Date: iii. Date: iv. Date: v. Date:	Receive		
11 ag in Qu Quest 22 an	I documents listed in Question gree with the information shown lestion 5? If yes, continue to tion 13. If no, go to Question and check with Project Manager re continuing with questionnaire.			
addre If ye	groundwater certification properly ess all units listed in Question 5? es, continue to Question 14.			

		Yes	No	Determined
14.	Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22.			
15.	Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22.			
16.	Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply.			insurance Available rt B
	 a. Closure trust fund: b. Surety bond guaranteeing payment into a closure trust fund: c. Surety bond guaranteeing performance: d. Closure letter of credit: e. Closure insurance: f. Financial test/corporate guarantee: g. Multiple financial mechanisms: 			CASURANCE Available
17.	Which of the following options were used to demonstrate financial assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply.	50PE 	-	+ B

		Yes	No	Not Determined
	a. Post-closure trust fund:			
	b. Surety bond guaranteeing payment into a post-closure trust fund:			
	c. Surety bond guaranteeing performance:			
	d. Post-closure letter of credit:			
	e. Insurance: f. Financial test/corporate			
	<pre>guarantee: g. Multiple financial mechanisms:</pre>			
18.	Is certification considered complete? If no, explain in Question 22.			
19.	Is financial assurance considered complete? If no, explain in Question 22.			
20.	If the answer to Questions 8, 9, 18, or 19 is no, was a closure plan submitted? If yes, continue to Question 21. If no, go to Question 22.			
21.	If the answer to Questions 8, 9, 18, or 19 is no, was a post-closure plan submitted?			
22.	Briefly discuss the problems or discrepancies i determine if they are of a nature which prevent			

*

times higher than the EPA standard for drinking water. At the time of this inspection the lined pond contents were found to be hazardous by lead concentration. A medium hazard has been assigned because of the potential for further impact to groundwater. The site is currently under enforcement action by TDWR. A copy of the technical recommendations from District 10 is attached as well as a copy of the draft notice of enforcement from the Austin office.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT

INSTRUCTION

*	(Supplemental Report)	as Necessary.
~ <u>``</u>	T. TYPE OF IMPOUNDMENT	· · · · · · · · · · · · · · · · · · ·
	Lined ponds containing oily process water and hydraulic oil spill	age; being phased out
	2. STABILITY/CONDITION OF EMBANKMENTS	
	Good condition but no vegetation in area of berms.	
	3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)	
	TYES X NO	*
	A. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE 区 YES □ NO Oily film on surface of both ponds	e a
	5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT	
	[YES NO	· ·
	6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT	
	[X] YES NO Location verified during inspection; TDWR files indi	
•	The 36 mil-CDE lines	HECKED
·	76. FINDINGS	
	76. FINDINGS	
	8. SOIL STRUCTURE AND SUBSTRUCTURE	
_		
	Sandy; unconsolidated	
	9. MONITORING WELLS	
	TYES NO	
	10. LENGTH, WIDTH, AND DEPTH each	
	LENGTH 114' WIDTH 124' DEPTH 7'	
	11. CALCULATED VOLUMETRIC CAPACITY	
.	740,000 gallons each	
	12. PERCENT OF CAPACITY REMAINING	
200	50%	
30134	13. ESTIMATE FREEBOARD	(a)
	East pond - 2.5' West pond - 4.5'	19
	14. SOCIOS DEPOSITION	
	IS- DREDGING DISPOSAL METHOD	
	(2) 5880 E4-8	
 	NONE 16. OTHER EQUIPMENT	
- 1		
1	-Leak detection system in place with sample port (PVC pipe) at east	st edge. Site
	representatives indicated that the system had not produced suffice	cient volume
- 1	of liquid to obtain a sample.	
	-Skimmers installed on west pond.	•
	-skilliners installed on west pond.	
- 1	Dump between needs on M. neut of centural boun	
- 1	-Pump between ponds on N. part of central berm.	
- 1	-West-pond was being pumped out to oil/water separation unit while	
- 1		
	present. There was also a small discharge to the west pond at the	ie SE Corner.
1	Site representative indicated that it was flow from the rolling makes laden with oil) and floor drains in the process area.	iiii (neavily
٠ ا	raden with off) and floor drains in the process area.	
- 1		
		I
- 1		8W
- 1	98 ¹⁻²⁶	

Phelps Dodge Copper Co.

Solid Weste Reg. No. 30825

El Pass County

TSD facility
"discharges I to U.S. Waters" (fart A) but no NADES No. Noted

> Storage Y Disposel Surface Importants (DOOZ Waste)

(seepage from ww pond (located on-site of current surface impounds
ments(2)) documented but no

current S.I. lined (now certified closed)

Storage (disposed by evaporation of spent acid metal treatment Solution, colling mill cooling naterial, alkaline wax solution, hydraulic oil.

neutralization process generates apper hydroxide (sold for recovery)
(ontoiner storage (inside bldg.) for PCB-contaminated capacitors

surface impoundments have been certified closed, but are now used for storage of non-haz weste

ERCLA)

materials of greatest concern on-site

-spent H2SO4 containing Cu

-lead in impoundment

-PCB's in transformers

passification

samply infol:

soil boring deterreportedly -> no significent wat to go.

* probably need additional sampling

		ROTHIOA	TION OF TIME	11100001	.,		label affi	ix it in the #	DACE MI Jeft.	If any of the
1	INSTALLA- TION'S EPA S.D. NO.		0	•		(C	informati through	on on the lab- it and supply propriate sect	el is incorrect the correct	t, draw a line information
	I. STALLATION						below ble	and correct, ank, If you die	d not receive	a preprinted
	INSTALLA- TION II. MAILING ADDRESS	PLE	ASE PLACE LA	ABEL IN T	HIS SPAC	E	single site treated, a porter's p	mplete all iten e where haze stored and/or principal place NSTRUCTION	rdous waste disposed of of business	is generated, or a trans- Please refer
1	LOCATION IL OF INSTAL- LATION	18	3	2	ı		informati	before comion requested 3010 of the Forestell.	herein is rec	quired by law
Į	OR OFFICIAL	USE ONLY		COMMEN						
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			1 1 1 1 1 1		HECKINED					j
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1	I. NAME OF INS	TALLATION								
	PHELPS	DODGE	coppe	RPR	opuc	тѕ с	0		47	
1	I. INSTALLATI	ON MAILING A	DDRESS STREET OR P.O.							
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	2 S J O S T	ROM ST	E V E E E		ШП	Ш	91	5 - 7 7 8	937	1
-	V. OWNERSHIP									
\$	<u>.</u>		A. NAME OF II	NSTALLATIO	H'S LEGAL C	WHER	111	نبي		=
-	8 PHELP	s DODG			ES I	N C			<u> </u>	۲
	enter the appropri	ate letter into box)	VI. TYPE OF I		S WASTE A			in the appro		
	F - FEDERA M - NON-FE	DERAL M	<u>∏</u> c. ₹1	EHERATION			UNDERGI	ROUND INJE	ĕ	
			ON (transporters			MILES N 192				
	A. AIR		C. HIGHWA	(∧ ∏o.	WATER	E. OTHE			Koo saana saasa	SPANONES VAR
	VIII. FIRST OR	SUBSEQUENT N	OTIFICATION	your installat	on's first noti	lication of ha			To the last of the	notification.
ľ	f this is not your fi	rst notification, ent	er your Installation	EPA I.D. Nur	nber in the sp	ce provided i	below.			
					. 1000			C. INSTAL	LATION'S E	PA I.D. NO.
1	X A. FIRST	NOTIFICATION	B. SUB	SEQUENT NO	TIFIEARON	(complete ite	m C)			
		N OF HAZARD	OUS WASTES	ted information	0.					
Ľ	riease go to the rev	erse or this rottil and	o provide the reques	CO IIIOIIIIIIIII						N DEVENSE

,		()			Ti Molouria	144411915 61
IX. DE	SCRIPTION OF HA	ZARDOUS WT	ES (continued from	(ront)		
A. HAZ waste	ARDOUS WASTES FR	ROM NON-SPECIFIC urces your installation	SOURCES. Enter the handles, Use additional	four-digit number from al sheets if necessary.	40 CFR Part 261.31 fo	r each listed hazardous
	1 22	2	3	4	5	33 - 55
	7	B . z6	9	10	11 11 12 13	12
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EPA Form 8700-12 (6-80) REVERSE

Phelps Dodge

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PERMIT ACTION LINK CHANGED FROM TO DELETE PERMIT ACTION LINK TO PERMIT ISSUANCE TRACKING FACILITY ID TXD 04 892 4989 PERMIT NO NEW ENTRY X ACTION CODE CHANGE ENTRY SEQUENCE NO ---- 01 DELETE ENTRY STATUS CODE DATE DUE ACTION DATE FREE FIELD 1 FREE FIELD 2 RESPONSIBLE AGENCY _ 5 FREE FIELD 3 RESPONSIBLE PERSON FREE FIELD 4 FREE FIELD 5 FREE FIELD 6 COMMENT TEXT (80 CHARACTERS MAXIMUM) : PERMIT ACTION LINKED TO PERMIT ACTION LINK CHANGED FROM TO DF DELETE PERMIT ACTION LINK TO PERMIT ISSUANCE TRACKING FACILITY ID TXD 04 892. 4989 PERMIT NO NEW ENTRY X ACTION CODE CHANGE ENTRY SEQUENCE NO DELETE ENTRY 85-01-20 STATUS CODE DATE DUE ACTION DATE FREE FIELD 1 FREE FIELD 2 RESPONSIBLE AGENCY FREE FIELD 3 RESPONSIBLE PERSON FREE FIELD 4

FREE FIELD 5

. PERMIT ACTION LINKED TO



Page : 1

Client : PHELPS DODGE COPPER-ROD MILL Proj # : 84-940

Facility : EL PASO REF

EL PASO TEXAS

Sample : IRRIGATION WATER POND INFLUENT →

Date Taken : 6/17/85

Date Received : 6/18/85

Lab ID # : 11598

Constituent	Concentration	Units Note:
Conductivity	2900	umhos/cm
Hq	9.2	
Solids/Dissolved	2400	mg/L
Alkalinity	190	mg/L
Chloride	220	mg/L
Fluoride	0.79	mg/L
Nitrate-N	Ø.11	mg/L
Sulfate	930	mg/L
Calcium	44	mg/L
Copper	1.1	mg/L
Magnesium	4.8	mg/L
Potassium	1.8	mg/L
Sodium	715	mg/L
EP Tox Arsenic	0.002	mg/L
EP Tox Barium	Ø.8	mg/L
EP Tox Cadmium	<0.01	mg/L
EP Tox Chromium	<0.05	mg/L
EP Tox Lead	<0.05	mg/L
EP Tox Mercury	<0.001	mg/L
EP Tox Selenium	0.002	mg/L
EP Tox Silver	<0.01	mg/L



Caralin 7006

Phelps Dodge Copper Products Company & Phelps Dodge Refining Corporation PO Box 20001, El Paso, TX 79998 • (915) 778-9881 • FAX (915) 775-8897

Certified Mail 7005 2570 0000 4624 2800

February 25, 2006

Texas Commission on Environmental Quality (TCEQ) Industrial and Hazardous Waste, MC (130) Attn: Katherine Nelson, PE P.O. Box 13087 Austin, TX 78711-3087

RE: Phelps Dodge, El Paso Operations (PD)

SW Registration Number 30825 Exception Report of TCEQ Manifest Number 3482338

Dear Ms. Nelson:

In accordance with 40 CFR §262.42, PD is submitting this letter as the exception report for referenced manifest. PD has been in contact with the disposal facility requesting the status of the waste with the initial shipment date of January 12, 2006.

The shipment reached its destination by way of rail on January 19, 2006, and was scheduled to be off loaded on January 31, 2006. Due to a conformance load, the waste was rejected and was sent back to PD on February 7, 2006. However, after separate arrangements were made with the disposal facility to manage the waste at the disposal facility, the load was sent back to Texas Molecular on February 24, 2006. The load is presently being managed at the disposal facility and the original manifest will be sent to PD once the waste has been processed for disposal.

Should you have any questions regarding these waste streams please do not hesitate to contact me at 915-775-8822.

Sincerely,

Martin H. Soltero

Martin A Setter .

Environmental Engineer

Enclosures

cc: EPA, Region 6

TCEQ, Region 6, El Paso Office

File

, TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. Box 13087

Austin, Texas 78711-3087

Please print or type. (Form designed for use on eilte (12-pitch) typewriter.)



Form approved. OMB No. 2050-0038.

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		ransporter 2 Company Name KG 8.	US EPA ID Number	ar Y Pox	E State Trai	to a comb " with small " a v	713-223-6304 41268 HCPs
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) If	I am a large quantity generator, I certify that I have a program in place	ce to reduce the volume and	toxicity of v	vaste generated	to the degree	have determined to
П		economically practicable and that I have selected the practicable met ad future threat to human health and the environment; OR, if I am a sm					
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TO: Ron Van Wyk	David Lee 719186
	TWC 3:25pm
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INFORMATION COPIES TO:	

Facility Management Plan
Phelps Dodge Copper Products Company
El Paso, Texas
TWC No. 30825 TACB No. R-4622
EPA I.D. No. TXD048924989
June 11, 1986

BACKGROUND

Phelps Dodge Copper Products (PDCC) is a copper mill which produces copper wire and rod from copper refined by the adjacent Phelps Dodge Copper Refinery. Operations began in 1969 and involve the casting, pickling, rolling, and drawing of refined copper. A new rod mill was constructed in 1981, including a new wastewater treatment system. The site is located at 897 Hawkins Boulevard in an industrial section of El Paso. PDCC used an unlined evaporation pond (100' x 200' x 4') prior to reconstruction in 1981. This pond was used to store spent acid solutions containing copper, process cooling water, and minor quantities of an alkaline wax solution and hydraulic/lube oil spillage. This pond was replaced in 1981 with two impoundments with polyethylene liners and leak detection systems due to the 1979 determination that the original impoundment was leaking.

The site is underlain by alluvium and the Hueco Bolson deposits. Ground water fluctuates in response to heavy industrial pumpage of these interconnected aquifers and is approximately 140 feet below land surface. The alluvial deposits consist of sand, gravel, clay and silt, and are approximately 200 feet in thickness. The Hueco Bolson deposits consist of alternating beds of clay, sand, and gravel to an unknown depth beneath the site.

ISSUES

PDCC completed a closure plan for the two new impoundments which was approved by the TWC on September 24, 1985. This closure consisted of the removal of all impoundment wastewater and sludges prior to retention of the impoundments for non-hazardous service.

Ground water and soils were investigated during closure to determine if either had been impacted by the impoundments operation. This investigation established that some impact of the ground water by non-hazardous constituents has occurred.

	FACILITY MANAGEMENT PLAN SCHEDULE (page 1 of Date:	ΙΤ	MA.	IAGE	MEN	<u>-</u>	LAN	SCI	HEDI	JLE	(ba	ge	1 0	f 3)	_				Fact	Facility EPA State	NA	Name I D		Phelps Dodge TXD048924989	ge Copper	Produc
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NOTF: "S" designates State action: "E" designates EPA action: "S/E" designates joint State-EPA action.

Phelps Dodge Copper Prpd TXD048924989 30825 Facility Name: I EPA I.D.: 7 State I.D.: FACILITY MANAGEMENT PLAN SCHEDULE (page 2 of 3) DATE:

78007	Comments		Inspection Date 3/20/86. Inspection Report receiv 4/17/86.			NOV 4/8/86		Compliance Agreement 10/8/84 RE: Submit	schedule of complian	ā	
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		ENFORCEMENT ACTIONS	Insp. report rec'd. Review/evaluation complete	CME	Insp. report rec'd. Review/eval. complete Action proposed	NOV, warning letter, etc. (indicate which)	Enforcement measures (based on response or lack thereof) Order	Consent agreement Referral (AG or EPA?)	Scheduled compliance date		•

Phelps Dodge Copper Prod. TXD048924989 30825 Comments	Closure Plan received 11/7/84. Public notice published 1/28/85 Closure plan approved 1/17/85 (no modification from public comment) Certification received 9/24/85.
3 of 3) Facility Name: EPA I.D.: State I.D.: 1987	
ITY MANAGEMENT PLAN SCHEDULE (page 1986 3 4 5 6 7 8 9 10 11 12 1	
FACIL: DATE:	Closure plan rec'd. State review Public notice Approve/disapprove *POST-CLOSURE ACTIONS Application rec'd. NOD (+ letter/order) Complete Permit drafted EPA comments Public notice Public notice Public hearing Final determination ADDITIONAL Inspection by EPA G-W Task Force Expanded Public Participation Designation

7

* Post-closure permits must address SWMUs; schedule on page 1 of FMP Schedule.

Phelps Dolge

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(504) SURFACE IMPOUNDMENTS	X		9
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VIII. 1990-1997 - 700/1983			

TWC ID 30825

P - C - L - W TRACKING

NS 3-27=86 KG 5-14-86 Phelps Dodge

P - C - L - W TRACKING

FACILITY ID: TXD 048924989

NEW ENTRY X

CHANGE ENTRY -

DELETE ENTRY -

HEADER TYPE: 21

PRINCIPLE PRINCIPLE

HEADER TYPE SEQ NO: QL TRACKING SEQ NO: QL

RESPONSIBLE AGENCY: -

RESPONSIBLE PERSON: ---

DATE DUE: ----

ACTION DATE: 950107

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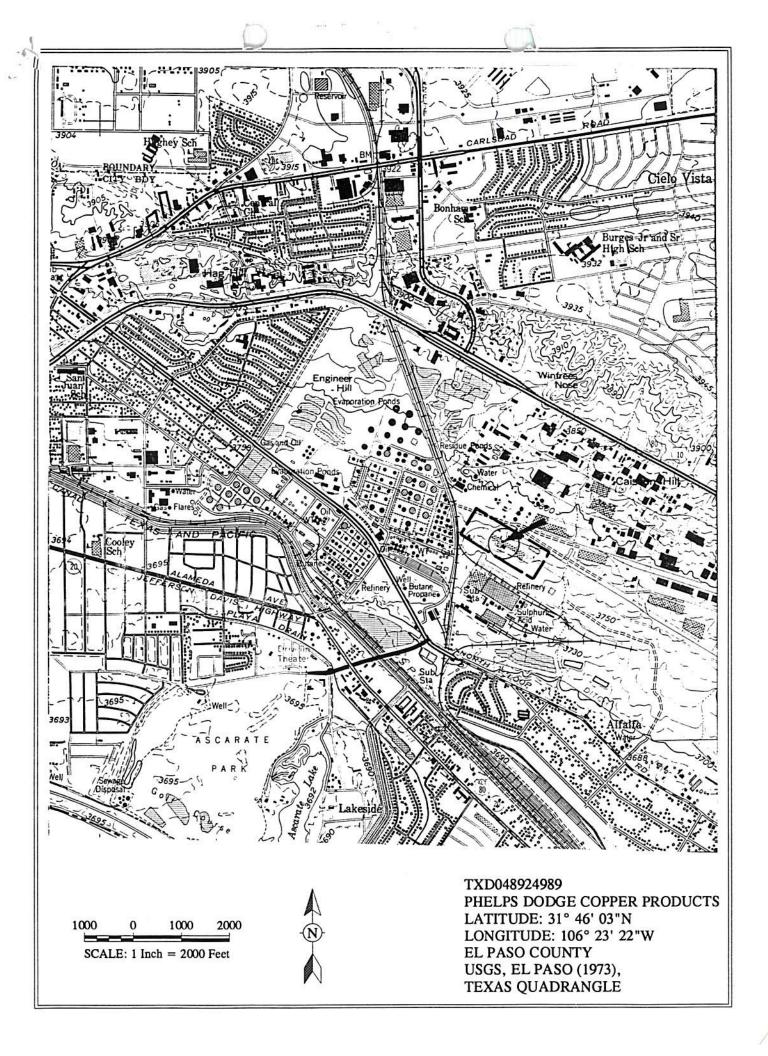
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COMMENT TEXT (80 CHARACTERS MAXIMUM) :

PERMIT ACTION LINKED TO ----- TO ----- TO DELETE PERMIT ACTION LINK TO -----



DAPA CHANCES

EPA IDENTIFICA	IDENTIFICATION NUMBER/C101=12	TWC #/C116=6	PREPARER	DATE
Facility Name/C	104=40			
Mailing Address	s/C106=30			County/C114=
City/C107=25		 - - - -		ST/C108=2 Zip/C109=5
Facility Contact	ct Person/C105=30			Ownership Code/C10
Location Address	ss/C110=30			ST Dist/C115=2
City/C111=25				ST/C2=2 Zip/C112=5
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NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

El Paso, Tx 79	998
Postage	\$
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Restricted Delivery Fee	
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Return Receipt Showing to whom,	
Date, and Address of Delivery	
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ostmark of Bate	

ttal of RCRA Facility Assessment Report

P. Allen, Chief al Section (6H-CT)

K. Honker, Chief Section (6H-CP)

ase find two copies of the following RCRA Facility

המשפששתו (ווו חן:

° Facility Mame:

Phelps Dodge Copper Products

° EPA ID Number:

TXD048924989

Please forward one copy of this document to the appropriate State Agency. The RFA report for this facility is currently under review in the Technical Section. A copy of the RFA Evaluation will be sent to you as soon as it is completed.

Attachment

cc: Sam Becker (6H-C)

6H-CT:BVidean:6-25-87:Disk #1:FILE CODE:II.B.1

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Facility Management Plan
Phelps Dodge Copper Products Company
El Paso, Texas
TWC No. 30825 TACB No. R-4622
EPA I.D. No. TXD048924989
Revised May 1987

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Phelps Dodge Copper Produc No Part B submitted. No TSD facilities. EPA to perform PA. Comments TXD048924989 30825 Facility Name: FPA I.D.: 7 9|10|11|12 J 8 12 19 1987 3 4 5 FACILITY MANAGEMENT PLAN SCHEDULE (page 1 of 3) 1 2 1986 6| 7| 8| 9|10|11|12 2 4 3 2 Remedial Invst. plan approved (by permit NOD (+ letter/order) Final determination permit or order?) Preliminary Assess. Site Investigation Correct. Measures Application rec'd. report completed report completed SWMU CORRECTIVE ACTION Public hearing EPA comments Public notice approved (by Permit drafted PERMIT ACTIONS RI completed or order?) EPA review EPA review Complete Part B Part B HSMA HSMA

* 11.455 T. F.

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Facility*Name: Phelps Dodge Copper Prod EPA I.D.: TXD048924989 State I.D.: 30825 FACILITY MANAGEMENT PLAN SCHEDULE (page 2 of 3) DATE:

30825	Comments	Inspection Date 3/20/86.			NOV 4/8/86 Actual compliance 5/23/86	Aureement	10/8/84 RE: Submit Closure Plan (completed	l)	
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Phelps Dodge Copper Prod. TXD048924989 30825 Comments	Closure Plan received 11/7/84. Public notice published 1/28/85	Closure plan approved 1/17/85 (no modification: from public comment) Certification received 9/24/85.		FMP revised May, 1987
FACILITY MANAGEMENT PLAN SCHEDULE (page 3 of 3) Facility Name: DATE: State I.D.: 1986 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	Closure plan rec'd. State review EPA review Public notice	*POST-CLOSURE ACTIONS Application rec'd. NOD (+ letter/order) Complete Permit drafted EPA comments Public notice Public hearing	ADDITIONAL Inspection by EPA G-W Task Force Expanded Public Participation Desig-	Review/revise FMP .

* Post-closure permits must address SWMUs; schedule on page 1 of FMP Schedule.

DATA ENTRY FORM

PRINT PLEASE PRINT PLEASE

	CHICAEO DV
CODES	ADD PROCESS CODES
1	ADD WASTE CODES
	DEN TRIN TSD UIC 878 599
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	OWNERS HAME
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	MAILING ADDRESS.
	COMPANY WAVE

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Phelps Dodge Copper Products Company

Date rec'd:_____ Rec'd by:_____

XV. GENERATOR'S EPA I.D. NO.

T X D 0 4 8 9 2 4 9 8 9 1 1 1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Our hazardous waste facility impoundments were certified as being closed on September 24, 1985. For details please see attached explanation.



INTRODUCTION

The El Paso Rod Mill (Figure 1), operated by the Phelps Dodge Copper Products Company (PDCP), is classified by the Texas Department of Water Resources (TDWR) as a generator, storer, treater, and disposer of hazardous industrial solid waste (Reg. No. 30825). Included as part of PDCP waste management facilities are two surface impoundments (Figure 2).

The following hazardous waste streams were discharged to the ponds while they were in hazardous service:

		TDWR	EPA
Wastestream	Class	Code	Code
e. *			
Spent acidic metal treatment solution	I	100100	D002
Water with soluble oil	I	109810	
Alkaline wax solution	I	110610	
Hydraulic oil	II	210480	822

The PDCP mill began operations in 1969. It produces copper wire and rod from copper which is refined mainly by the adjacent Phelps Dodge Copper Refinery. From January, 1969 until mid-1981, wastes from the mill were discharged into an on-site, unlined, 100' x 200' x 4' evaporation pond (Figure 2). In 1981, at the request of the TDWR, the unlined evaporation pond was physically closed, and the current ponds were constructed on the same spot. Prior to construction of the new ponds, the site was cleaned up, but a formal closure plan was never developed. The new ponds have clay underliners, leachate collection systems, and synthetic overliners (36 mil CPE). Each pond is about 136' x 100' x 9', and has a total capacity of about 919,000 gallons, or 694,000 gallons



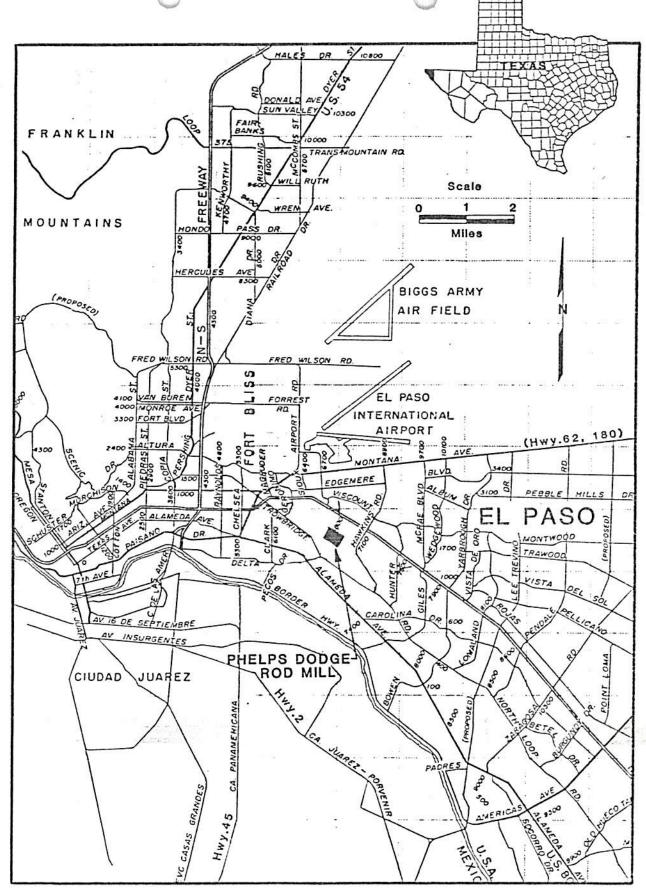
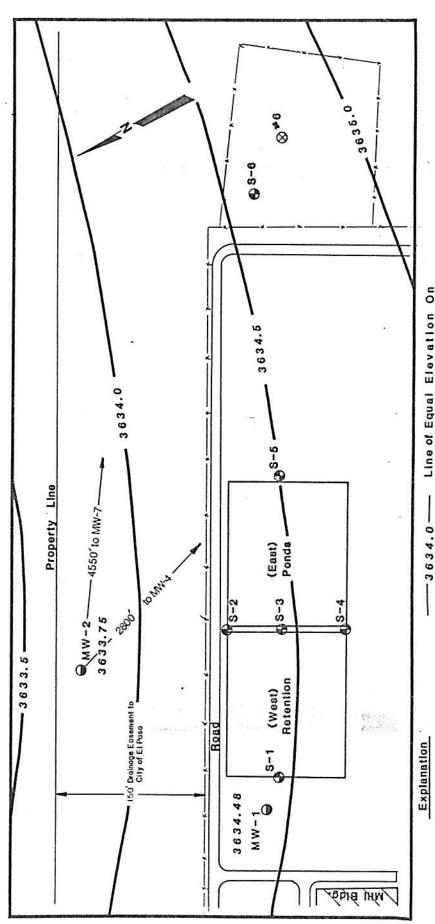


Figure 1. Project Location Map





34.0 — Line of Equal Elevation On The Alluvial Aquifer Water Table (Measured March, 1985)

Soil Sample Location

⊗ Water Well

Monitor Well

Note: Water Level Data From Outside Of Rod Mill Also Used in Determing Contours.

SCALE 0 60 120 FEET

> Figure 2. Phelps Dodge Rod Mill Data Location Map And Elevations On The Alluvial Aquifer Water Table.



with 2 feet of freeboard.

In mid-1981, wastewater was directed into the new lined pond for storage until construction in 1982 of a wastewater treatment plant, designed to render effluent to the pond nonhazardous. This plant became fully operational in early 1983, and was used to reclaim the fluids stored in the lined ponds since their construction. In the treatment process, copper is stripped from the fluids prior to discharge to the pond and caustic is added to maintain a pH of 6 to 8. Oil discharged to the pond is periodically skimmed off and recycled or sold for salvage. Current total discharge to the ponds is about 400,000 gallons per month, of which about 25 gallons are hydraulic and lubrication oils. Occasionally, the pond pH was allowed to drop below 2 to facilitate breaking an oil-water emulsion discharged to the ponds. Caustic was then added to bring the pH up to the 4 to 7 range. The practice of allowing hazardous (<2) pH water in the ponds was ceased in May, 1985.

PDCP is closing the ponds as hazardous waste facilities, but plan to continue to use them for non-hazardous fluid storage and recycling. Closure as a hazardous waste facility is being done according to the provisions of TAC 335.286. To affect closure pursuant to TAC 335.286, an investigation has been conducted to demonstrate that the pond contents are no longer a hazardous waste, thereby meeting the removal requirements of TAC 335.286, and that migration of hazardous waste constituents to the underlying soils and groundwater system has not occurred.

The east pond is now being used as a storage reservoir for treated wastewater. From the east pond, this water is piped to the adjacent Phelps Dodge Refinery and used to irrigate oats and alfalfa. The west pond is now being used as a fresh process water reservoir.



This closure is also in accordance with a Compliance Agreement between PDCP and the TDWR, effective September 12, 1984. This agreement requires the submission of a Closure Plan and a Groundwater Quality Assessment Plan (GWQAP) for the impoundments. The GWQAP was incorporated into the implementation of the Closure Plan as part of the demonstration that the impoundment contents are no longer hazardous and that hazardous constituents have not migrated into underlying soils and groundwater.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



REGION 6 1445 ROSS AVENUE, SUITE 1200 DALLAS, TX 75202-2733

December 18, 2001

PHELPS DODGE EL PASO OPERATIONS P O BOX 20001 EL PASO, TX 79998 ATTN: MARTHA MOTTLEY, ENV ENGINEER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

PHELPS DODGE EL PASO OPERATIONS 897 HAWKINS BLVD EL PASO, TX 79915

Your EPA Identification Number for this installation is: TXD048924989

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Bienniel Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

Charles Faultry, Chief

RCRA Information Management Section



November 28, 2001

Texas Natural Resource Conservation Commission MC129 PO Box 13087 Austin,TX 78711-3087

Dear Sir or Madam:

The purpose of this letter is to consolidate the EPA and TNRCC ID numbers for the two facilities referenced below. Both facilities are owned by the Phelps Dodge Corporation through different divisions, and are adjacent to each other without any physical boundaries or public roads between them.

We have two EPA and two TNRCC ID numbers because in the past each facility was managed independently of the other. Recently Phelps Dodge underwent a company wide re-organization, and now both facilities are operating under one management department, one accounting department, one environmental department, one safety department, etc., referred to as Phelps Dodge El Paso Operations.

We would like to manage our El Paso Operations under one EPA and one TNRCC ID numbers. These are the ID numbers we currently have:

	Address	EPA ID	TNRCC ID
Phelps Dodge Copper Products Co.	897 Hawkins Blvd.	TXD048924989	30825
Theips bodge copper received	El Paso, TX 79915		
Phelps Dodge Refining Corp.	6999 North Loop Dr. El Paso, TX 79915	TXD007397144	30104

In accordance with this request, please deactivate the ID numbers (i.e., TXD007397144 and 30104) for the 6999 North Loop Dr. address. Also, enclosed is a revised EPA Form 8700-12 (Notification of Regulated Waste Activity) for the EPA ID number (i.e., TXD048924989) associated with the 897 Hawkins Blvd. address, which will serve as the EPA ID number for the entire site. The TNRCC ID for the 897 Hawkins Blvd. address (i.e., 30825) will serve as the state ID number for the entire site.

Please call me with any questions regarding this request or the enclosed revised EPA Form 8700-12.

Sincerely,

Martha G. Mottley Environmental Engineer

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d, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA-OT

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III. Type of Regulated Waste Activity (Mari		ructions)
A. Hazardous Wa	The state of the s	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	□ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel □ a. Generator Marketing to Burner □ b. Other Marketers □ c. Boiler and/or Industrial Furnace □ 1. Smelter Deferral □ 2. Small Quantity Exemption Indicate Type of Combustion Device(s) □ 1. Utility Boiler □ 2. Industrial Boiler □ 3. Industrial Furnace □ 1. Underground Injection Control	1. Used Oil Recycling Marketer a. Marketer Directs Shipment of User Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine
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XI. Comments		
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Note: Mail completed form to the appropriate	EPA Regional or State Office. (See Section	III of the booklet for addresses.)
FRA-Form 8708-1/2 (Revo/49/89/96)	- 10 of of 2 -	

Part A, Permit Process --- Internal Checklist

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1	T/S/D'Facility? (If No, return to respondent.)	mm		
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1	Form 1, XIII B signed?	MM		
3	Form 3, IX B Signed?	MM		
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INSTRUCTIONS: Complete A through J to determine a questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no is excluded from permit requirements; see Section C of the	ital to	rm II	sted in the	ou need not submit any of th	ese forms. You may answer "no	" if yo	ur ac	
SPECIFIC QUESTIONS			K'X'		QUESTIONS	YES	MAR	K'X' FORM ATTACHED
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A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	A		X	F. Do you or will you injumunicipal effluent belo	ect at this facility industrial or ow the lowermost stratum con- uarter mile of the well bore, drinking water? (FORM 4)	31	X	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery or oil or natural gas, or inject fluids for storage of liquid	e f d	х	20	H. Do you or will you injected processes such as	ect at this facility fluids for spe- mining of sulfur by the Frasch ng of minerals, in situ combus- ecovery of geothermal energy?	37	X	39
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Attach to this application a topographic map of the outline of the facility, the location of each treatment, storage, or disposal facilities, and e water bodies in the map area. See instructions f	n of its existing and p ach well where it inje or precise requirement	proposed intake and e ects fluids undergrou	discharge structures ea	ch of its hazardous waste
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XIII. CERTIFICATION (see instructions)	. 1 (0.00)			
I certify under penalty of law that I have personattachments and that, based on my inquiry capplication, I believe that the information is to false information, including the possibility of file.	of those persons imm rue, accurate and con	ediately responsible oplete. I am aware th	for obtaining the info	mation contained in the
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNAT	URE		C. DATE SIGNED
M. S. Bell, President	1	n Sise	el	11/17/80
COMMENTS FOR OFFICIAL USE ONLY C C 15 16			1111111	
PA Form 3510-1 (6-80) REVERSE	Total Commercial Comme			55

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2,500,000 . 000

NCLUDE DESIGN CAPACITY.			de "T04"). FOR EACH PROCESS	ENTERED HERE
^				
				*)
			¥8 ¥6	
	*			
		90		

- tics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE METRIC UNIT OF MEASURE POUNDS.....P KILOGRAMS.....K

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

"included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA SURE (enter code)		D. PROCESSES 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)			D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	Te	3	D 8 6	7		000.000.000.00
X-2	D 0 0 2	400	P	T) 3	D 8 (-	-	
X-3	D 0 0 1	100	P	TG	13	D 8 (-		
X-4	D 0 0 2					Let			included with above

EPA Form 3510-3 (6-80)

B. H. Spoon

11-12-80 CONTINUE ON PAGE 5 **Corporation** 300 Park Avenue, New York, NY 10022 • (212) 940-6547

M. S. Bell President

November 19, 1980

TxP007397144

Environmental Protection Agency - Region VI Attention: GAEG First International Building 1201 Elm Street Dallas, Texas 75270

Gentlemen:

It is unclear to us whether we are now subject to the requirements under the Resource Conservation and Recovery Act which provides that handlers of hazardous waste must apply for a permit by November 19, 1980.

As a precaution, and in order to comply with any regulations under this Act that may be applicable, we are enclosing an application form for a permit for our El Paso Works.

Very truly yours,

M. S. Bell

MSB:gt Enc.

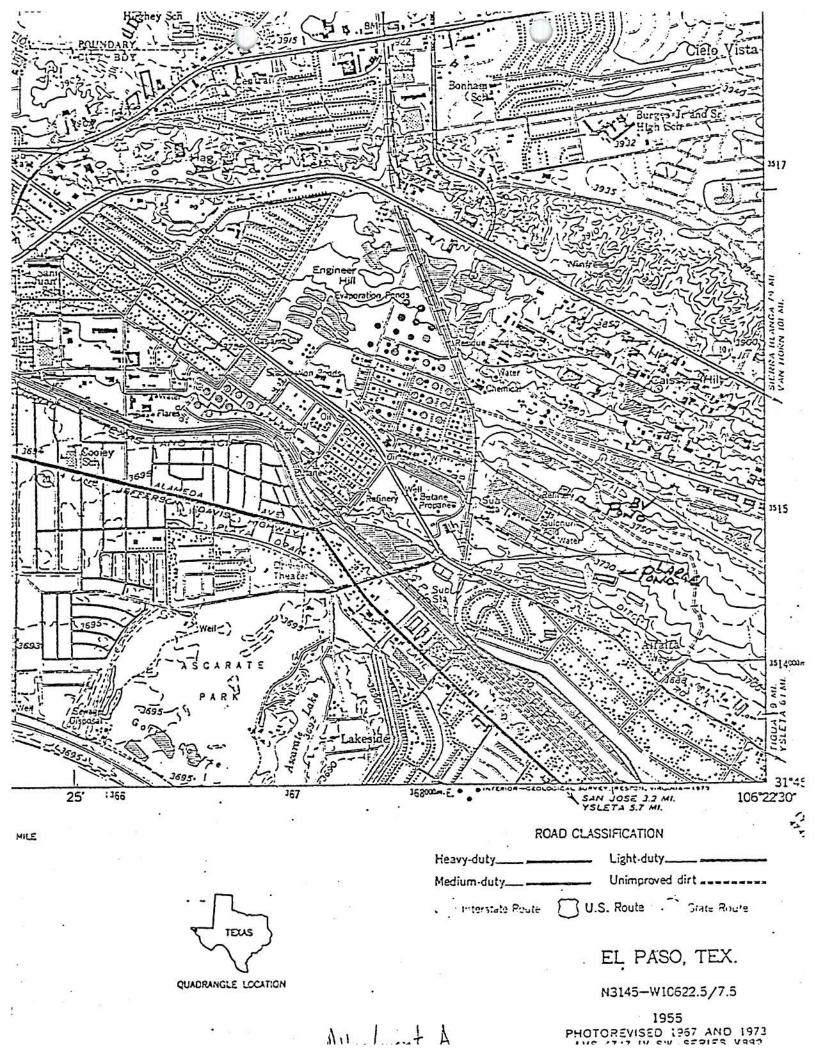
NOV 1 9 1980

so non real ²⁸no so was sent

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F. 70 88

0891 6 I ADM



V. FACILITY DRAWING (see page

800, 70 PROP. LINE

EVAR. POND (LINED) COPPER SULFATE ら 日 五 日 PLANT 100% PROP LINE

I

SCALE : 1" = 300'

- PLANT ENTRANCE

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8

EPA Form 8700-12 (6-80)

Form Approved OMB No. 158-S79016

DESCRIPTION OF H	IAZARDOUS WAS	TES (continued from	front)	1 2	
HAZARDOUS WASTES I waste from non-specific	FROM NON—SPECIF sources your installation	IC SOURCES. Enter the	four-digit number from	n 40 CFR Part 261.31 f	or each listed hazardous
1	2	3	A I		Control of the Contro
		HITH		5	6
23 - 26					
7	8 8	9	23 - 26	23 - 25	23 - 26
	TIT	Til	10	11	12
AZARDOUS WASTES E	BOM SPECIFIC SOLL	POES 5-1-1-1	23 - 26	23 - 26	23 - 26
AZARDOUS WASTES F pecific industrial sources	your installation hand	es. Use additional sheet	s if necessary.	R Part 261.32 for each	listed hazardous waste for
13	14	15	16		
51.1.1				17	18
0004					
19	23 - 26	23 - 26	23 - 26	23 - 26	23 - 25
	TIT		22	23	24
25 26	S 23 0 - 26	23 - 26	23 - 26	23 - 26	23 - 26
		111	28	29	30
OMMEDIAL CUENICA	1 00001107114745	23 - 26	23 - 26	23 - 26	23 - 26
OMMERCIAL CHEMICA ance your installation has	ndles which may be a	nazardous waste. Use ad	the four—digit number ditional sheets if necessa	from 40 CFR Part 261.3	33 for each chemical sub
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26		
37	38	39	40	23 - 26	42
23 - 26	23 - 26	23 - 26	23 - 26		
43	44	45	46	47	48
23 - 26	23 . 26	23 - 26			
STED INFECTIOUS WA	STES Enter the four		25 - 26 25 26 26 C	23 - 26	23 - 26
spitals, medical and resea	arch laboratories your	installation handles. Use	additional sheets if nec	h listed hazardous waste essarv.	from hospitals, veterina
49	50	51	52	53	
	TITI				54
23 - 26					
IARACTERISTICS OF N	ION-LISTED HAZAF	RDOUS WASTES Mark	"X" in the hoves correct	ponding to the above t	23 - 26
zardous wastes your insta	llation handles. (See	40 CFR Parts 261.21 - 2	261.24.)	ponding to the characte	ristics of non-listed
1. IGNITABL	E D	2. CORROSIVE	3. REAC		
(D001)		002)	(D003)		4. TOXIC
ERTIFICATION		STATE OF THE PARTY OF			
rtify under penalty of	of law that I have	personally examined	and am familiar with	the information sub	mitted in this and a
lieve that the submitting false information,				that there are signific	cant penalties for sub
ATURE 2		Charles and the Control of the Contr	CONTRACTOR STATE AND SERVICE A		
111 1-11		NAME & OFFI	CIAL TITLE (type or p	rint)	DATE SIGNED
			E. STEPHENIS		

EPA Form/8700-12 (6-80) REVERSE

-- ·-/// C.

Kaht

LOSS OF INTERIM STATUS REGION VI EPA RO6-01-06

١.	Reviewer:	<u>D</u> GS						
2.	Facility name:	PHELES DODGE REFINING CORPORATION						
3.	Address/location:	PO.Por 20001						
		E. Paso TX.		79998	<u> </u>			
4.	EPA I.D. No.:	TXD M730	١٦١.	44		50.55		
5.	Type of RCRA units requiring certific	ation:						
	A. FET - BY Pos		н.	1		~~~~		
	B. × 51 - 1 050 = 7	5.15	I.				-	
	c		J.					
	D		Κ.					
	E		L.					
	F		М.					
			Ν.					
	* SEE 22.				Yes	No	Not Determined	
6.	Is groundwater cerrequired? If yes, Question 7. If no. 22.	continue to				Ø		
7.	Is financial assuration required? If to Question 3. If	yes, continue no, go to				卤		

			Yes	No	Not Determined
8.	Was groundwater certification submitted? If yes, continue to Question 9. If no, answer Questions 9, 10, 11, and 12, and go to Question 20.	8	Ą		
9.	Was financial assurance certification submitted? If yes, continue to Question 10. If no, answer Questions 10, 11, and 12 and go to Question 20.	¥	4		
10.	Is signature adequate? If yes, continue to Question 11. If no, answer Questions 11 and 12 and go to Question 22.		4		
11.	Documentation available? a. Part A Submittal - Date: b. Part B Submittal - Date: c. Topographic Map - d. Section 3007 Response - Date: e. Closure Plan - Date: f. Post-Closure Plan - Date: g. RCRA Inspection - Date: h. Other - i. Certification Date: ii. Date: iii. Date: iv. Date: v. Date:	-	Receive		
12.	Do all documents listed in Question ll agree with the information shown in Question 5? If yes, continue to Question 13. If no, go to Question 22 and check with Project Manager before continuing with questionnaire.		Ø		
13.	Does groundwater certification properly address all units listed in Question 5? If yes, continue to Question 14.				

	,

			Yes	No	Not Determined
14.	Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22				
15.	Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22.				
16.	Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply.	Closure	-		insurance Available rt B
	a. Closure trust fund:b. Surety bond guaranteeing				
	payment into a closure trust fund:				
	c. Surety bond guaranteeing performance:				
	d. Closure letter of credit:e. Closure insurance:				
	f. Financial test/corporate				
	guarantee: g. Multiple financial				
17.	which of the following options were used to demonstrate financial	Post CLOS Cost	.uPE —		Ensurance Available + B
	assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply.				

	0	
	A Comment	

			Yes	No	Not Determined									
	a.	Post-closure trust fund:												
	ь.	Surety bond guaranteeing payment into a post-closure trust fund:												
	c.	Surety bond guaranteeing performance:												
	d.	Post-closure letter of credit:												
	e. f.	guarantee:												
	g.	Multiple financial mechanisms:												
18.	com	certification considered plete? If no, explain in stion 22.												
19.	com	financial assurance considered plete? If no, explain in stion 22.												
20.	18, pla to	the answer to Questions 8, 9, or 19 is no, was a closure n submitted? If yes, continue Question 21. If no, go to stion 22.												
21.	18,	the answer to Questions 8, 9, or 19 is no, was a post- sure plan submitted?												
22.	Bri det	efly discuss the problems or discrepancies i ermine if they are of a nature which prevent	denti s fur	fied ther	and review.									
	S) GENERATE ONLY MINIMINITATE (FOR TIND 12/11/85 1273) AND TIM HAS FROM THE OPEN THEIR FILE AND AFFIRMULT OP													
	EXCTOR: OI) SO MILLISTERY LIBIT - BAR-ELLINIAN AREA													
	<u>e</u>	exclusion) 400FR 21.1.4(b)(7)). This worm to with the												
	<u></u>	ions Porth applications even	7.1	. CE	412									
	1.	REFUENCE FOR SON).												

Table IIII—4 Hazardous Waste Facility Components List

	Verbal Description:		Verbal Description:		Verbal Description:		Verbál Description:		Verbal Description: Lined Pond	Large Solar Evaporator	Verbal Description: Lined I	B. V. Solar Evaporator	Name Seq. No.	Facillity Component
-14-									d - Volume reduction by evaporation	X. 2,500,000	Pond - Volume reduction by evaporation	500,000	q. No: Inactive Active Proposed (cu yds) (gal) (lbs)	Table III-4 Hazardous Waste Facility Components List Status Design Capacity
										1979		8 1972	Years in Utilized Service	Number of Dafe